

EMPLOYMENT APPLICATION

An equal opportunity and affirmative action employer



P.O. BOX 987
 ULYSSES, KS 67880
 620-353-1111
 620-353-1115 FAX

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date
Other names by which you have been known (for date verification & reference checking purposes)		Social Security Number	
Home Phone	Business Phone	E-Mail Address	
Permanent Address	City	State	Zip Code
Previous Address (if at current address less than 5 years)		Driver's License Number/State	

If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of the legal right to work upon hire?

Are you under 18? If you are under 18 & still in high school, you may be required to provide a work permit upon hire.

Instructions for answering the following question regarding your criminal record history:

A. **All applicants:** Do not respond "yes" concerning the following arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; convictions that occurred more than ten (10) years ago; misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; and first convictions for misdemeanors of drunkenness, simple assault, speeding, minor traffic violations, or disturbances of the peace or misdemeanor convictions where five (5) or more years have elapsed between the application date and the date of conviction or completion of incarceration, whichever is later.

Have you been convicted of a crime?

If YES, what was (were) the offense(s)?

Date(s) and place(s) of conviction A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.

Are you licensed/certified for the job applied for? Name of license/certifications
 Has your license/cert. ever been revoked/suspended? License/certification # Issuing State
 If yes, state the reason(s), date of revocation or suspension, and date of reinstatement:

Have you ever been employed by or contracted here before? If so, when?

What position did you hold? Manager

EMPLOYMENT INTEREST

Position Desired	Salary Desired	Date Available
Have you interviewed for another position here? <input type="checkbox"/>	If so, when? <input type="checkbox"/>	

EDUCATION and TRAINING

Indicate last level completed:	High School	College or University	Graduate School	Month/Year Degree
Name of High School, Tech School, and College	City, State	Major	Degree	Month/Year Degree

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application:

(over)

EMPLOYMENT HISTORY

Please list most recent employer first.

Company Name		Street Address		May we contact employer? Y or N	
City	State	Zip			
Starting Job Title		Final Job Title			
Supervisor's Name and Title			Phone		
Reason for leaving					
Job Duties			Dates of Emplmnt		
			From (mo/yr)	To (mo/yr)	
			Start Pay Rate	End Pay Rate	

Company Name		Street Address		May we contact employer? Y or N	
City	State	Zip			
Starting Job Title		Final Job Title			
Supervisor's Name and Title			Phone		
Reason for leaving					
Job Duties			Dates of Emplmnt		
			From (mo/yr)	To (mo/yr)	
			Start Pay Rate	End Pay Rate	

BUSINESS REFERENCE DATA

Please list at least one present or former manager.

Name	Email Address	Phone	Business Relationship
1			
2			
3			

READ CAREFULLY and SIGN

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from furnishing same to Adobe. In consideration of my employment, I agree to conform to the rules and regulations of Adobe Systems Incorporated. I further agree that either I or the Company may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of the Company other than an Executive Officer has the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Signature	Date
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AUTHORIZATION AND GENERAL RELEASE

PERSONNEL INFORMATION:

Name of Applicant/Employee:	Last	First	Middle
Address:	Street	City	State Zip Code
Social Security Number:	Date of Birth:*		
Driver's License Number:	State of Issue:		

* This information is required for identification only, and is in no manner used as qualification for employment.

AUTHORIZATION & GENERAL RELEASE:

I hereby authorize Teeter Irrigation, Inc. and all of their agents to request and receive any information and records concerning me, including but not limited to consumer credit, criminal record history, worker's comp., Driving, employment, military, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers. I further release and discharge Teeter Irrigation, Inc. and all of their agents and all of its subsidiaries and affiliates, and every employee or agent of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the information. I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization. I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signed	Date
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Please fill out application completely. Then either print and bring into nearest Teeter Irrigation location or save and attach to the provided email.

NOTE: PLEASE SPECIFY IN YOUR EMAIL WHAT POSITION YOU ARE APPLYING FOR!

Email: sherrie@teeterii.com