

JOB APPLICATION

Coop to Coast 1651 Loop 332, Liberty Hill, Texas 78642

Coop To Coast is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:		
City State and Zin Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for:		
How did you hear about this position?		
What days are you available for work?		
What hours or shift are you available for work?		
On what date can you start working if you are h	nired?	
Do you have reliable transportation to and from) work?	
Personal Information		
Are you 18 years of age or older?	Yes	s No
Are you a U.S. citizen or approved to work in th	ne United States? Yes	s No
What document can you provide as proof of citi	izenship or legal status?	
Have you ever been convicted of a criminal offe	ense (felony or misdemeanor)? Yes	s No
If yes, please state the nature of the crime(s), v	when and where convicted and disposition of th	e case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Coop to Coast complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

<i>Previous Employment</i> Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code:		
Supervisor Name:		
Employer Address:		
City, State and Zip Code:		
Employer Telephone:		
Dates Employed:		
Reason for leaving:		

Employer Name:

Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Employer Name: Job Title:	
Job Title:	
Job Title: Supervisor Name:	
Job Title: Supervisor Name: Employer Address:	
Job Title: Supervisor Name: Employer Address: City, State and Zip Code:	

<u>References</u>

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the Coop to Coast is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Coop to Coast. No representative of Coop to Coast has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: