



Employment Application

PERSONAL INFORMATION

Last Name:		First Name:	Middle Name:
Street Address:		City, State	Zip Code
Home Telephone:		Cell Telephone:	
Work Telephone:		E-Mail Address:	
Social Security Number:			
Upon employment, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 yrs old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony which has not been expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION APPLYING FOR:

Position Desired:		Salary Desired:	
How were you referred?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Referral <input type="checkbox"/> Web Site <input type="checkbox"/> Other Employee		
Date Available to Start:		Available to Work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary

EDUCATION

School Name	City, State	Major Course of Study	Highest Grade Completed Diploma/Degree
HIGH SCHOOL			
COLLEGE			
BUSINES, TECHNICAL, TRADE SCHOOL			
ACTIVITIES, HONORS, OFFICES HELD THAT ARE JOB RELATED			
DESCRIBE OTHER JOB RELATED TRAINING COMPLETED			

U.S. MILITARY SERVICE

BRANCH/DUTY/LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SPECIAL HONORS/SPECIAL TRAINING SERVICE SCHOOLS ATTENDED

SPECIALIZED SKILLS (Skills/Equipment Operated)

WHAT PROFESSIONAL JOB RELATED LICENSES DO YOU HOLD?

WORK EXPERIENCE (begin with most recent position)

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT?
DATES EMPLOYED:		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED:			
REASON FOR LEAVING:			

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT?
DATES EMPLOYED:		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
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FROM:	TO:	\$	\$
WORK PERFORMED:			
REASON FOR LEAVING:			

STATE WHETHER YOU HAVE EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT AND DESCRIBE THE CIRCUMSTANCES.

WOULD YOU CONSIDER RELOCATION?	
<input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, please list limitations:	
WOULD YOU TRAVEL IF NECESSARY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, please list restrictions:	

PERSONAL REFERENCES - Give names of three persons to whom you are not related and by whom you have not been employed.

NAME/ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

CONDITIONS FOR EMPLOYMENT:

Please read the following statements carefully as they constitute conditions for employment.

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.
3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that may be requested to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release this company from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I will be able, if hired, to certify that I am authorized to work in the United State of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
5. In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the President of the company may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the President.
6. Although the company makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.
7. I have received notification that pursuant to the Kansas Indoor Clean Air Act that Tyree Ag has a no smoking policy and I have received a copy of said policy
8. I agree to protect confidential information, trade secrets, and proprietary information of the company, and of the company's vendors, licensors, marketing partners or clients entrusted to the company, and I will not disclose to the company any confidential information of others, as stated in the Confidentiality Agreement.

<i>Signature</i>	<i>Date</i>

Thank you for taking the time to complete our Employment Application.
The Employment Application will only be valid for 90 days from the date of the application.



Custom Aerial and Ground Application
Fertilizer Sales • Pioneer Seed Sales • Chemical Sales
Agronomic Services

DOT Employment Application Addendum

Applicant Name: _____

Employment History

Please provide information on past employers during the **proceeding 10 years**, beginning with the most recent.
If you need more room, you may attach another sheet of paper.

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____ May we contact: Yes No

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? Yes No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? Yes No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? Yes No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

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EXPERIENCE AND QUALIFICATIONS - DRIVERS

Drivers License # _____ State: _____ Expiration Date: _____

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Date	Location	Charge	Penalty

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Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has any license, permit or privilege ever been suspended or revoked:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

(If the answer is yes to either of the two previous questions, attach a statement giving the details)

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
Last Accident: _____				
Next Previous: _____				
Next Previous: _____				
Next Previous: _____				
Next Previous: _____				

TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

Applicant Signature

Date