



Job Title: Ground Rig Applicator – Kinsley, KS
Department: Ground Operations
Approved date: 3/2022

Summary:

[Tyree Ag](#) is seeking a Custom Ground Rig Applicator to work from their Kinsley, Kansas location. As an independently owned and operated agricultural retailer, Tyree Ag specializes in custom aerial and ground application services throughout south central and southwest Kansas and northwest Oklahoma. In addition to fertilizer and crop protection sales, Tyree Ag is also a Pioneer Hybrid Seed Sales Agent and a retail partner for AgroLiquid Fertilizers.

This position will be responsible for operating John Deere row crop equipment based out of our primary Kinsley location, which entails mixing, loading and application of fertilizer and crop protection products and maintaining application/spray records. Responsibilities include cleaning and maintaining both the spray rig and all supporting equipment including but not limited to truck and trailer for transport of rig, loading equipment on the sprayer trailer and loading equipment in the warehouse. The individual in this position will also help with routine maintenance of the fertilizer nurse trailers and double cones, assist with product delivery, and maintain the cleanliness of the warehouse, office facilities, and vehicles.

Work Schedule:

This is a year-round, full time employment opportunity. The company will schedule work hours of all employees to meet operational requirements. The length of the working day will vary during the year resulting from seasonal activity and varying workload and will be at the supervisor's discretion. We strive to allow weekends off; however, during peak season, the weather contributes to dictating our work schedule.

Experience, Skills, and Qualities Desired:

- Previous experience with general agricultural practices and application of fertilizer and pesticides
- Motivated and dependable
- Valid Class A CDL with tanker endorsement or the ability to obtain
- Good driving record
- Hazardous Materials Endorsement or the ability to obtain
- KS Dept of Ag Commercial Applicators 1A Certificate or the ability to obtain
- Good mechanical skills

Tyree Ag will consider training the right candidate who meets minimum DOT age requirements.

What We Offer:

Compensation includes a highly competitive base salary contingent upon candidate's experience and education. Monthly commissions will be paid and calculated based on number of monthly acres applied. Benefits include cell phone, uniform allowance, health and supplemental insurance, flexible spending account funding (FSA) and retirement plan.

This is an excellent opportunity to work for a well-established, family-owned operation that values relationships with its customers, the communities it serves, and its employees, which allows them to give exceptional customer experiences.



Equal Opportunity Employment Policy

It is the policy of Tyree Ag Inc to provide equal employment without unlawful discrimination based on race, color, religion, sex, age, national origin, ancestry, handicap, veteran status or any other unlawful reason. In relation to this policy, the Company will:

- *Recruit, hire, train, promote and terminate persons for all job classifications in conformity with this policy.*
- *Make employment decisions in accordance with the principle of equal opportunity employment.*
- *Make promotion decisions in accordance with this policy.*
- *Administer personnel action affecting terms and conditions of employment such as compensation, benefits, layoffs, return from layoffs and discipline in compliance with this policy.*

Application forms can be found at www.tyreeag.com. Please submit employment applications via email to info@tyreeag.com, mail to: Tyree Ag, PO Box 67, Kinsley, KS 67547, or drop off at our Kinsley office 1422 Briggs Avenue. For questions or more information, please call 620-659-2208.



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:	\$	\$
WORK PERFORMED:			
REASON FOR LEAVING:			

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REASON FOR LEAVING:			

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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.)

Employer: _____ Position Held: _____

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Street City Zip Code (Date) (Date)

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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

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been suspended or revoked: Yes 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