



# Employment Application

Co-Alliance LLP is an equal opportunity employer.

5250 E US Hwy 36  
 Building 1000  
 Avon, IN 46123  
 toll-free (800) 525-0272  
 phone (317) 745-4491  
 fax (317) 718-6631

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION IN DETAIL. PRINT CLEARLY IN PEN FOR BEST RESULTS.

## APPLICANT CONTACT DATA TODAY'S DATE

NAME	LAST	FIRST	MIDDLE
STREET ADDRESS			
CITY		STATE	COUNTY ZIP
TELEPHONE	CELL PHONE	E-MAIL ADDRESS	

### POSITION SPECIFICS

DATE YOU ARE AVAILABLE TO START WORKING	POSITION DESIRED:	HOW DID YOU LEARN OF THIS POSITION?
LOCATION PREFERENCE?	SALARY EXPECTATIONS: <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO

### APPLICANT EXPERIENCE

HAVE YOU EVER FILLED OUT AN APPLICATION OR BEEN EMPLOYED BY **CO-ALLIANCE** OR OUR PARTNERSHIP CO-OPS BEFORE?    YES    NO

**NOTE:** MIDLAND, IMPACT, LAPORTE, FRONTIER AND EXCEL CO-OPS ARE OUR PARTNER CO-OPS.

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY?    YES    NO

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A MISDEMEANOR INVOLVING PERSONAL INJURY TO ANOTHER PERSON OR INVOLVING THEFT?    YES    NO

IF YES, PLEASE DESCRIBE IN FULL:

LIST ANY FRIENDS OR RELATIVES CURRENTLY WORKING IN OUR CO-OP SYSTEM AND RELATIONSHIP:

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?    YES    NO

**PROOF OF IDENTITY & ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT.**

ARE YOU 18 YEARS OF AGE OR OLDER?    YES    NO

**DO YOU HAVE A CURRENT CDL LICENSE?**    YES    NO

**NOTE:** A CONVICTION WILL NOT NECESSARILY RESULT IN THE DENIAL OF EMPLOYMENT.

## EMPLOYMENT RECORD PLEASE LIST PRESENT OR LAST EMPLOYER FIRST, INCLUDING US MILITARY SERVICE FOR AT LEAST THE LAST 10 YEARS

START:	UNTIL:	COMPANY NAME AND ADDRESS	SPECIFIC DUTIES	REASON FOR LEAVING
MONTH YEAR	MONTH YEAR			
<input type="text"/>	<input type="text"/>			
SUPERVISOR'S NAME				
PHONE	KIND OF BUSINESS	SALARY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="text"/>	<input type="text"/>			
SUPERVISOR'S NAME				
PHONE	KIND OF BUSINESS	SALARY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="text"/>	<input type="text"/>			
SUPERVISOR'S NAME				
PHONE	KIND OF BUSINESS	SALARY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF APPLICANT:

**EMPLOYMENT DETAILS**

OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU TO WORK AT CO-ALLIANCE?

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN BY AN EMPLOYER? IF YES, PLEASE EXPLAIN:

YES  NO

**EDUCATIONAL HISTORY**

CIRCLE HIGHEST GRADE COMPLETED: High School 9 10 11 12 College/University 1 2 3 4 More  
Diploma or Equivalent Other?

SCHOOLS ATTENDED (H.S./ TRADE/VOCATIONAL/BUSINESS/COLLEGE)

AREAS OF STUDY/DEGREES/CERTIFICATIONS/PROFESSIONAL LICENSES/REGISTRATIONS:

ARE YOU PURSUING EDUCATION AT THIS TIME?

Please indicate you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.

Initials

I have read the foregoing employment application and understand that failure to provide true and correct information may lead to non-hire or termination, and I affirm that the information provided in this application is true to the best of my knowledge and belief.

That I am the person described and duly qualified to work except as otherwise stated; and that if employed by the above-named organization, I agree that such employment is made with the full right of the employer to terminate such employment at any time and for any reason, with or without notice.

I understand and agree that prior to employment, and from time to time during my employment, I may be required to take and pass a drug or alcohol screen as a condition of hiring or continued employment.

Upon an offer of employment or as a condition of actually beginning employment, I hereby agree to submit myself, on request, to a thorough examination by a physician of said organization's selection. I further understand and agree that the results of such examination may serve to disqualify me for a particular job or for any position with the company. I also give my consent to the performance of such later re-examinations upon myself as may be deemed necessary by the physician during the period of my employment. I will, in no way, hold the doctor or doctors who perform the examination, the clinic where the examination was performed, or said company responsible in any way.

I authorize investigation of all statements contained in this application as may be necessary in arriving at employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or driver's record check. If Co-Alliance LLP decides to obtain a consumer credit report, I understand that Co-Alliance LLP will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

I hereby release all parties, including but not limited to Co-Alliance LLP, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Co-Alliance LLP takes on the basis of such information.

I understand that this application will be considered active for a period of six months only, and that I will not be considered for employment after six months from the date of this application unless I complete a new application at that time.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

OFFICE  
USE ONLY:

