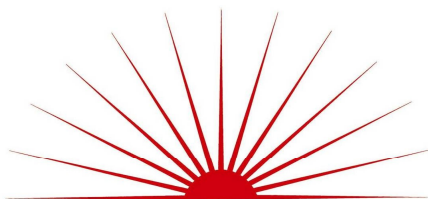


- * Bulk Petroleum
- * Bulk Propane
- * Tire & Auto Center
- * Feed & Seed

- * Do it Best Hardware
- * County Market
- * Agronomy
- * Convenience Store



Medford Cooperative
Proud To Be Community Owned

160 Medford Plaza; P.O. Box 407; Medford, WI 54451
 715.748.2056 800.348.6909 Fax 715.748.2166
 www.medfordcoop.com

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, gender, age, national origin, ancestry, physical or mental disability, or veteran status.

PERSONAL DATA

Name _____
Last First Middle Initial

If you have ever used another name, please provide name(s) _____

Present Address _____
Street Apartment # City State Zip

Telephone (Home) _____ Telephone (Cell/Business) _____

Have you ever worked for any department of the Medford Cooperative, Inc.? Yes No

If yes, what department? _____ Dates: From _____ To _____
Month/Year Month/Year

Reason for Leaving _____

Do you have any relatives who currently work for any department of the Medford Cooperative, Inc.? Yes No

If yes, give name, relationship, and department _____

Are you legally eligible for employment in the United States? Yes (proof required) No

Are you over the age of 18? Yes No . If no, please state birth date: _____

Have you ever been convicted of a crime other than a minor traffic violation? (This will not necessarily affect your application.)

Yes No ** If yes, please list all convictions including the date and an explanation: _____

GENERAL INFORMATION

How were you referred to us? Newspaper Ad On my own An employee Other _____

Name of referral source _____

Position applying for _____ Full Time Part Time Temporary (Until _____)

Department(s) interested in County Market Do it Best Convenience Store Other _____

NOTE: Please DO NOT submit more than one application. If interested in multiple departments, indicate that above.

Preferred Hours	MON	TUES	WED	THURS	FRI	SAT	SUN

Please list any days or hours you are NOT AVAILABLE for work, including a brief explanation _____

What date would you be available to start work? _____

APPLICANT MUST READ AND SIGN

I certify that the information contained in this application is true and complete. I understand that any falsification or omission of information will be sufficient grounds for denial of employment, and if hired, for termination. I understand that employment is conditioned upon verification of the information contained herein.

I authorized the listed employers, schools, and references, as well as any other persons, schools, companies, credit bureaus, state licensing, law enforcement and other governmental agencies, to give the Medford Cooperative, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have. I release all parties from all liability, and agree not to file any claim, lawsuit or any other cause of action of any kind against any person or entity arising out of furnishing or use of such information.

In consideration of my employment by the Medford Cooperative, Inc., I agree to learn and conform with the Medford Cooperative, Inc. rules and policies. I further agree that I have the right to terminate my employment with proper notice at any time for any reason, and that the Medford Cooperative, Inc. also retains that right.

I have read and understood the above terms and conditions, and agree to them.

Applicant Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Application Received _____

If Hired:

Start Date _____ Department _____

Position _____ Salary _____

This application will become inactive one year after the date of receipt.