Thank you for considering a career with Blain's Farm & FleetTM. Now that you have downloaded our employment application, here's what you need to do.

- 1. Print out this application.
- 2. Fill out the application completely.
- 3. Take it to the customer service desk at your local Blain's Farm & Fleet retail store. You can drop off your application any time during normal business hours:

Monday through Friday: 8:30am - 9:00pm Saturday: 8:30am - 8:00pm Sunday: 9:00am - 6:00pm

An equal opportunity, tobacco & drug free employer.



EMPLOYMENT APPLICATION

Farm & Fleet is an equal opportunity employer and employment practices shall not be influenced or affected by virtue of an applicant's race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by law.

Questions must be answered by the individual seeking employment. If you require assistance completing the application, notify Store Management for guidance. Please complete all responses in ink. This application must be completed in its entirety. Any omission or misrepresentation is grounds to deny employment consideration.

			Fleet of: Social Security No.://						
Name:		Midd	le		Last				
Street Address		City	7			State		Zip	
Home Telephone: ()_			E-mail	l Addı	ress:				
Are you legally eligible for e	mployment in th	e USA?	Yes	No	Are you 18	Are you 18 years of age or older? Yes No			
	you ever worked under a different name? Yes No If yes, please state name:								
Have you ever worked for Farm & Fleet before? Yes No If yes, please provide dates and location:									
Relative(s) Employed At Loc	Location Where Applying? Yes No If yes, Name/Position:								
How did you hear about our	company? _								
OB INTEREST									
Position Desired:		_ Date	Availa	ıble: _		Wage/Salary Expectation:			
Are you available to work: _	Full-Time	Pa	art-Time	e	Tempora	ary			
Hours Available S	Sunday M	onday	Tuesda	ay	Wednesday	Thursday	Friday	Saturday	
From									
То									
LIST PREVIOUS ADDRES	SES FOR THE	PAST FI	VE (5)	YEA	RS				
Street Address	City		Sta	State		County		Dates of Residence (mm/yy)	
Street Address	City		Sta	ate	Co	unty	Dates of Residence (mm/yy)		
Street Address	City		Sta	ate	Co	unty	Dates of R	esidence (mm/yy)	
EDUCATION									
	<u> </u>								
	Name / Lo				r of Years Course of Study ended		• •	Diploma / Degree Received	
High School				11000	IIII		-	10001704	
College									
Trade, Business, Etc.									
Military Service									
D 1 '1 '	1.11	.: .1 .	. 1.1		C 1 : .1	···	1	<u> </u>	
Do you have special experier If so, please explain.			_		-	•	i are apprying	(
Have you ever been convicte	d of a crime, exc	cluding min	or traffi	ic viol	ations? You				
(A conviction will not necessarily ba	r you from employn	nent. The sub	stantial re	lationsl	hip of the offense	e to the substantial elem	nents of the job wi	ll be considered.)	
If yes, please explain									

EMPLOYMENT HISTORY (Starting with your present or last job, list <u>all</u> previous employers, and include military service.)

Current or Most Recent Employer Employer Name		Employment Dates From: To:				
Address		Hours Worked Per Week:				
Telephone Number	Supervisor's Name &Title	Starting Wage: Final Wage:	Per: Hour			
Job Title(s), Duties, and Responsibilities						
Reason for Leaving	May We Contact This Employer? ☐ Yes ☐ No	□ No.				
	Li les Li No	Information Verified: Yes No	Initials			
Previous Employer		Employment Dates				
Employer Name		From: To:				
Address		Hours Worked Per Week:				
Telephone Number	Supervisor's Name &Title	Starting Wage: Final Wage:	Per: Hour			
Job Title(s), Duties, and Responsibilities		That wager				
Reason for Leaving		Office Use Only				
Č		Information Verified: Yes No	Initials			
Previous Employer		Employment Dates				
Employer Name		From: To:				
Address		Hours Worked Per Week:				
Telephone Number	Supervisor's Name & Title	Starting Wage: Final Wage:	Per: Hour			
Job Title(s), Duties, and Responsibilities						
Reason for Leaving		Office Use Only				
		Information Verified: Yes No	Initials			
If you require additional space, please co	entact a company representative for an Employmer	nt History Continuation Sheet.				
Please account for any gaps in employme dates.	nt of thirty (30) days or more. This includes self-	employment. Please explain with	n pertinent			
I contifu that the information of the U	action is two and comment. I am described the	mission on mission in the state of				
employment or end the employment relati	cation is true and correct. I understand that any clonship. I understand that a consumer report may mic-credential verification, job performance, exp	be requested and may include i	information a			
	uest information concerning my motor vehicle of					
	from various private and public sources. I herebenforcement agency, administrator, State/Federal					
employer, employee, company or person g	gathering or furnishing the above-mentioned infor	mation. Any misrepresentation of	or false staten			
	ufficient cause to deny employment or end the end es and regulations of the Company and understan					
without notice, at any time, at the option	of either the Company or myself. This company	reserves the right to conduct p	ore-employm			
	ree to submit to such tests. I understand that this with the Company after this application expires,					
application.	with the Company after this application expires,	it will be my responsibility to	complete a l			

Date Submitted :_____