

FARMERS COOPERATIVE OIL COMPANY

215 Central Avenue S / PO Box 89
Elbow Lake, MN 56531

(218) 685-4491
www.farmersoilelw.coop

Employment Application

Date Applied: _____ Date Available: _____

Desired Position: _____ Phone Number: _____

Name & SSN: _____
Last First Middle Social Security Number

Address: _____
Street City State Zip Code

Are you legally eligible for employment in the USA? (Verification Required) _____ Yes _____ No

Are you over the age of: _____ 16 _____ 18 _____ 21

Military Service: _____ Yes _____ No Branch/Training: _____

Pertinent License (s) held for Desired Position

Education

	Name	Field of Study	Completed
High School			Y N
Trade School			Y N
University			Y N

Previous Employment

Employer	Position Held	Dates	Supervisor Name	Telephone

Personal References

Name	Telephone Number

Emergency Contact (s)

Please provide 2 if
the age of 18

under

Name	Relationship	Phone Number

By signing below, I certify all information is true & correct to the best of my knowledge.
I certify I have not knowingly provided any false or misleading information.

Signature

Date