



<http://www.agricareersinc.com>

*Personnel Specialists
Since 1968*

Massena, IA 50853
Voice: 800/633-8387
Email: agricari@netins.net
Fax: 712/779-3366

CONFIDENTIAL DATA SHEET

Employer Paid Fees

New Hampton, IA 50659
Voice: 800/374-3824
Email: agricareers@iowatelcom.net
Fax: 641/394-3406

Name: _____
 First Middle Last Name you go by

Address: _____
 Street City State Zip

Phone: _____
 Home Office Cell E-mail

(Optional)

Marital Status: Farm Raised: Yes_ No Ages of Children: Spouse's First Name

Can You Legally Work in U.S.: Yes No Home Owner: Yes No **Date of Birth:**

Annual Salary Required:

When Available:

Positions Desired:

Acceptable Locations:

Overnight Travel:

Nights a Week

EDUCATION: (May include any additional training, licenses, special skills, continuing education)

EXPERIENCE: Last three employers, most recent first:

Employer	Position	Duties & Responsibilities	Annual Earnings	Dates of Employment
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Reason for Leaving or Considering an Employment Change:

REFERENCES: (Include Current Supervisor, Past Supervisor--current employer will not be contacted without permission)

Name & Position	Firm & Address	Phone	May We Contact?
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Do you foresee any problems in a relocating? Yes No If so, explain:

Would you stay at your current position if your employer gave you a raise: Yes No

Permanent Contact Information: _____
Name Relationship

Street City State Phone #

Name & Position	Firm & Address	Additional Work Related References Phone	May we contact?
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How did you become aware of AGRIcareers, Inc.? _____

Have you previously worked with AGRIcareers? Yes No When?

To avoid duplicate contacts, list employers you have applied with:

Date	Employer	Address	Manager	Position
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List any competitors or employers you would like to work for:

Drivers License:Yes No Chauffeur's License:Yes No

Have you ever been convicted of a crime? Yes No If yes, give details: _____

Please list anyone you know who might be interested in utilizing our services:

Name: _____ Experience: _____

Address: _____ Phone: _____

Signed: _____ Date: _____

By signing, I attest to the correctness of this application