

**AgReliant Genetics, LLC**  
**Application for Employment**  
**1122 E 169<sup>th</sup> Street – Westfield, IN 46074**  
**Fax: (317) 867-1330 Email: jobs@agreliantgenetics.com**

AgReliant Genetics, LLC is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, age, national origin, veteran status, disability, or any other legally protected status.

Please furnish us with complete information as requested in this application. Do not submit a resume in place of completing any part of this application; a resume may be attached.

**(PLEASE PRINT)**

**Date of Application** \_\_\_\_\_

**Referral Source:**  
 Advertisement \_\_\_\_\_  
 Friend \_\_\_\_\_  
 Relative \_\_\_\_\_  
 Walk-In \_\_\_\_\_  
 Other \_\_\_\_\_

**Position(s) Applied For** \_\_\_\_\_

<b>Name</b>	_____	_____	_____
	Last	First	Middle
<b>Address</b>	_____		
	Street	City	State    Zip Code
<b>Telephone</b> (    ) _____	<b>Social Security Number</b> _____		-    -
	Area Code		

If employed and you are under 18, can you furnish a work permit? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

Have you ever applied or worked for AgReliant Genetics, LLC or one of its related companies before? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

If "Yes", dates and location: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

May we contact your present employer? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ **Full-Time**    \_\_\_\_\_ **Part-Time**    \_\_\_\_\_ **Temporary**

Are you on a lay-off and subject to recall? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

Can you travel if a job requires it? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

If yes, please explain \_\_\_\_\_

(Conviction will not necessarily disqualify applicant from employment.)

---

---

**Education**

School	Name and Location of School	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					

**Honors Received:**

---

---

---

**Foreign Languages Read or Spoken:**

---

---

---

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

---

---

---

List professional, trade, business or civic activities and offices held.

(You may exclude those that indicate race, color, religion, age, sex, national origin or disability):

---

---

---

---

---

State any additional information you feel may be helpful to us in considering your application.

---

---

## **Employment History**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. **Even if a resume is submitted, this page must be completed in its entirety.**

1.	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				
2.	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				
3.	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				
4.	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				
5.	Employer	Telephone ( )	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

---

---

## References

Give name, address and telephone number of three references other than relatives or previous employers.

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- 
- 

## Applicant's Statement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that, in the event of employment, falsification of this information is grounds for dismissal in accordance with AgReliant Genetics, LLC policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of AgReliant Genetics, LLC. I understand that this employment application is not a contract of employment. I further understand that, just as I can terminate the employment relationship at any time for any reason, so too, the Company may terminate my employment at any time and for any lawful reason, with or without notice. I also acknowledge by signing this affidavit that if I am employed by AgReliant Genetics, LLC, no employee can alter my at-will employment status unless by written contract signed by the President of AgReliant Genetics, LLC.

I understand that if I am accepted for regular full-time or part-time employment with AgReliant Genetics, LLC, I will be required to give authorization to AgReliant Genetics, LLC to obtain a valid Motor Vehicle Report for me and that my driving records must fall within the approved guidelines to be accepted for employment with AgReliant Genetics, LLC. If I am accepted for temporary employment and am required to drive a motor vehicle for business, I must also give authorization to AgReliant Genetics, LLC to obtain a valid Motor Vehicle Report for me and that my driving records must fall within the approved guidelines to be accepted for employment with AgReliant Genetics, LLC.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **For Human Resources Department Use Only**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No      Date of Employment \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title \_\_\_\_\_ Date \_\_\_\_\_