

EMPLOYMENT HISTORY

DO YOU WANT US TO NOTIFY YOU BEFORE WE CONTACT YOUR PRESENT EMPLOYER? Yes No

LIST CURRENT OR MOST RECENT EMPLOYMENT FIRST AND CONTINUE IN THAT SEQUENCE.

EMPLOYER	JOB TITLE	STARTING DATE		ENDING DATE	
		MO.	YR.	MO.	YR.
ADDRESS	START SALARY	<input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO	ENDING SALARY		<input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO
CITY	STATE		ZIP CODE	TELEPHONE NO.	
SUPERVISOR'S NAME	REASON FOR LEAVING				
DUTIES					
EMPLOYER	JOB TITLE	STARTING DATE		ENDING DATE	
		MO.	YR.	MO.	YR.
ADDRESS	START SALARY	<input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO	ENDING SALARY		<input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO
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CITY	STATE		ZIP CODE	TELEPHONE NO.	
SUPERVISOR'S NAME	REASON FOR LEAVING				
DUTIES					

BACKGROUND INFORMATION

YOUR ANSWERS TO THE FOLLOWING QUESTIONS WILL NOT ELIMINATE YOU FROM CONSIDERATION FOR EMPLOYMENT, WITH THE EXCEPTION OF A CONVICTION OF A FELONY OR A CONVICTION WHICH INVOLVES DISHONESTY OR BREACH OF TRUST. THE FARM CREDIT ACT PROHIBITS SUCH PERSON(S) BEING EMPLOYED WITH FARM CREDIT INSTITUTIONS.

DO YOU HOLD AN ELECTIVE OR APPOINTED FEDERAL, STATE OR LOCAL GOVERNMENT OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE NAME OF OFFICE:
ARE YOU AN OFFICER OR DIRECTOR OF ANY BANK OR OTHER LENDING CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME AND LOCATION OF THE ORGANIZATION:
ARE YOU OR ANY MEMBER OF YOUR FAMILY A BORROWER OF ANY ORGANIZATION UNDER THE SUPERVISION OF THE FARM CREDIT ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN:
HAVE YOU EVER HAD A SURETY BOND CANCELLED OR AN APPLICATION FOR BOND DECLINED? <input type="checkbox"/> YES <input type="checkbox"/> No IF YES, EXPLAIN AND GIVE NAME OF BONDING:
HAVE YOU EVER BEEN CONVICTED OR NAMED IN A PENDING PROCEEDING WHICH IS A FELONY OR INVOLVES DISHONESTY OR BREACH OF TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
ARE THERE ANY UNSATISFIED JUDGEMENTS ON RECORD AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
DO YOU HAVE ANY RELATIVE(S) EMPLOYED BY FARM CREDIT SERVICES OR FARM CREDIT ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME AND LOCATION OF FACILITY:

WRITTEN SUMMARY

PLEASE DESCRIBE IN THREE OR FOUR PARAGRAPHS WHY YOU FEEL YOU ARE QUALIFIED FOR THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.

MY ANSWERS ON THIS APPLICATION AND ON ANY RESUME I PROVIDE ARE COMPLETE AND TRUE. I UNDERSTAND THAT THE SUBMISSION OF ANY FALSE OR INCOMPLETE INFORMATION IN CONNECTION WITH MY APPLICATION, WHETHER ON THIS OR OTHER DOCUMENTS OR IN INTERVIEWS, WILL BE CAUSE FOR THE REJECTION OF MY APPLICATION OR THE TERMINATION OF MY EMPLOYMENT AT ANY TIME. I AUTHORIZE THE EMPLOYER AND ITS AGENTS TO VERIFY ANY INFORMATION RELATED TO MY APPLICATION OR RESUME. I ALSO AUTHORIZE AND DIRECT INDIVIDUALS, SCHOOLS, EMPLOYERS, AND LAW ENFORCEMENT OR GOVERNMENT OFFICIALS TO FREELY PROVIDE ANY INFORMATION CONCERNING MY BACKGROUND, AND HEREBY RELEASE ANY AND ALL OF THEM FROM ANY LIABILITY FOR DOING SO. IF I AM EMPLOYED, I UNDERSTAND THAT I WILL BE EMPLOYED ON AN AT-WILL BASIS FOR AN INDEFINITE PERIOD OF TIME AND THAT MY EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON.

SIGNATURE _____ DATE _____