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A p p l i c a t i o n F o r E m p l o y m e n t

Westfield
1886 217th Rd.
Boone, IA 50036
Phone: 515-432-1990

Westfield
11500 38th St. South
Horace, ND 58047
Phone: 701-588-9269

Westfield
3151 Dot Mar Rd.
Springfield, IL 62703
Phone: 217-544-4069

For your convenience, applications can be faxed to: 701-588-4635 or emailed to: jobs@westfieldindustries.com

Applicants with disabilities may request any needed accommodations to complete the application process.

AN EQUAL OPPORTUNITY EMPLOYER We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected class.

PERSONAL INFORMATION

Date: Home Phone: () E-mail Address:

Complete Name: Last First Middle

Present Address: Number & Street City State Zip

May we contact you at work? Yes No If yes, please specify work number ()

Are you at least 18 years of age? Yes No (If not, you will be required to obtain a work permit upon employment)

Are you legally eligible for employment in the United States? Yes No (Proof of citizenship or immigration status will be required upon employment.)

Did you sign a non-compete agreement at any of your previous employers? Yes No (If yes, please provide a copy of the non-compete(s) with your application.)

Have you completed a Westfield Application before? Yes No If yes, when?

Have you ever been employed by Westfield? Yes No If yes, when? In what position?

Are you able and willing to perform the essential functions of the job for which you are applying? Yes No

If no, indicate reason / explain needed accommodation:

POSITION/ JOB INTEREST

Position (s) applied for: Location Preference: Boone Fargo Springfield

Status preferred: Full-time OR Part-time and Regular OR Temporary Shift Preference: 1 2 3

Any hours/days that you are unable/unwilling to work?

Date available to begin employment: Rate of Pay Desired:

EMPLOYMENT HISTORY: Please provide your last four (4) employers, starting with most current. Attach additional sheet(s) if you've had more than 4 employers. **Please complete this section in full, as a resume will not suffice for employment verification.**

1

Employer: _____ From: _____/_____/_____^{Month Year} To: _____/_____^{Month Year}
City, State: _____ Telephone Number: _____
Supervisor's Name and Title: _____
Your Job Title: _____ Starting Salary: \$ _____
May We Contact This Employer? Yes No Ending Salary: \$ _____
Primary Responsibilities: _____

Reason for leaving or considering it: Quit Discharged Retired Laid off Please explain why? _____

2

Employer: _____ From: _____/_____/_____^{Month Year} To: _____/_____^{Month Year}
City, State: _____ Telephone Number: _____
Supervisor's Name and Title: _____
Your Job Title: _____ Starting Salary: \$ _____
May We Contact This Employer? Yes No Ending Salary: \$ _____
Primary Responsibilities: _____

Reason for leaving: Quit Discharged Retired Laid off Please explain why? _____

3

Employer: _____ From: _____/_____/_____^{Month Year} To: _____/_____^{Month Year}
City, State: _____ Telephone Number: _____
Supervisor's Name and Title: _____
Your Job Title: _____ Starting Salary: \$ _____
May We Contact This Employer? Yes No Ending Salary: \$ _____
Primary Responsibilities: _____

Reason for leaving: Quit Discharged Retired Laid off Please explain why? _____

4

Employer: _____ From: _____/_____/_____^{Month Year} To: _____/_____^{Month Year}
City, State: _____ Telephone Number: _____
Supervisor's Name and Title: _____
Your Job Title: _____ Starting Salary: \$ _____
May We Contact This Employer? Yes No Ending Salary: \$ _____
Primary Responsibilities: _____

Reason for leaving: Quit Discharged Retired Laid off Please explain why? _____

EDUCATION – This information will be used only where relevant to assist in determining your suitability for the position you seek.

Name	Location City/State	Years Completed	Grade Average	Degree/Certification Earned	Major Course of Study
High School	(Not Necessary)	1 2 3 4			
College		1 2 3 4			
College		1 2 3 4			
Certification(s)					

MILITARY EXPERIENCE

Please circle any branch of the U.S. Military that you have served in:

ARMY NAVY AIR FORCE MARINES NATIONAL GUARD COAST GUARD

Dates of Service From: ____/____/____ To: ____/____/____
Month Year Month Year

Are you currently serving? Yes No
If No, were you discharged? Yes No

Rank or Rating upon discharge _____ Reason for Discharge: _____

REFERENCES

Please include employment/education references only.

1
Name: _____ City: _____ State: _____
Phone Number: (____) _____ Occupation: _____ Company: _____
How do you know him/her? _____

2
Name: _____ City: _____ State: _____
Phone Number: (____) _____ Occupation: _____ Company: _____
How do you know him/her? _____

3
Name: _____ City: _____ State: _____
Phone Number: (____) _____ Occupation: _____ Company: _____
How do you know him/her? _____

REFERRAL SOURCE:

- Westfield Employee, please list name _____ Friend or Relative (Circle One)
 Newspaper, please list name _____ Internet, please list site _____
 Job Service _____ Other _____

To Be Read and Signed By Applicant

I HEREBY CERTIFY that the answers given by me on this application are true and correct. I hereby authorize the employers, schools, and persons named in this application to give any information requested regarding my employability, character, and qualifications and release them from all liability for any damages for issuing this information. It is understood and agreed that any misrepresentation, false statements or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the company. I also understand that including extraneous information not requested on this application will be sufficient reason for its rejection.

I have read, understand and agree to the above statement. (Please initial here). _____

I further understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time and that this company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this company.

I have read, understand and agree to the above statement. (Please initial here). _____

I understand that this application will remain on file for 30 days for consideration. After 30 days, if I am still interested in a position with this company, it will be necessary for me to complete a new application form.

I have read, understand and agree to the above statement. (Please initial here). _____

I understand that if hired, I may be required to take a drug and alcohol-screening test to determine compliance with this company’s drug and alcohol policy. I understand that this company is committed to maintaining a safe, healthy, and efficient working environment for its employees and customers by creating a drug-free and crime-free workplace. I am aware that the company may require my signature on a confidentiality and/or non-compete agreement as part of the hiring process. In addition, I am aware that the company may complete a criminal and traffic background check and/or credit check.

I have read, understand and agree to the above statement. (Please initial here). _____

I have completely and accurately provided information for all areas of this application. I understand that my failure to do so will disqualify me from consideration.

I have read, understand and agree to the above statement. (Please initial here). _____

Signature of Applicant

Date



Westfield Industries is a drug-free workplace.



Westfield is part of the Ag Growth International, Inc. group

Thank you for your interest in employment with us.