

APPLICATION FOR EMPLOYMENT

www.midstateequipment.com
hr@midstateequipment.com



JOHN DEERE

Mission Statement

“Mid-State Equipment commits to being the dealer of choice in the regions we serve, generating industry-class returns in selling, renting and servicing agricultural, lawn and garden, and light industrial equipment, by providing leading brands and a world class customer service experience.”

Mid-State Equipment Columbus

W1115 Bristol Road
Columbus, WI 53094
Phone: 920-623-4020

Mid-State Equipment Rental & Sales

355 Transit Drive
Columbus, WI 53094
Phone: 920-623-4300

Mid-State Equipment Jackson

3660 Scenic Road
Jackson, WI 53037
Phone: 262-677-8400

Mid-State Equipment Janesville Ag

4323 E Highway 14
Janesville, WI 53546
Phone: 608-754-8450

Mid-State Equipment Janesville CP

4323 E Highway 14
Janesville, WI 53546
Phone: 608-758-7494

Mid-State Equipment Salem

8841 Antioch Road
Salem, WI 53168
Phone: 262-843-2326

Mid-State Equipment Prairie Du Sac

S9711 Highway 12
Prairie Du Sac, WI 53578
Phone: 608-643-3307

Mid-State Equipment Watertown

N8690 Highland Road
Watertown, WI 53094
Phone: 920-261-8118

Instructions: PLEASE PRINT, except for the signatures required on application. Answer each question fully and accurately. No action can be taken on this application unless all questions have been answered. Use a blank sheet of paper if you do not have enough room on this application. All information you leave on this application will be held in strict confidence.

Name: _____ Social Security # _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone # _____ Other Phone # _____ Email: _____

Type of employment desired: Full Time Part Time Educational Co-Op Seasonal Temporary
(Please check all that apply)

Location you're applying for: Columbus Col Sales / Rental Jackson Janesville Ag

Select 1st choice & 2nd choice Janesville CP Salem Prairie Du Sac Watertown

Position (s) applying for: _____

How did you hear about Mid-State Equipment?

Instructions: PLEASE PRINT, except for the signatures required on application. Answer each question fully and accurately. No action can be taken on this application unless all questions have been answered. Use a blank sheet of paper if you do not have enough room on this application. All information you leave on this application will be held in strict confidence.

How long have you lived at your present address?

Years: _____ Months: _____

What is the best time to call you on your cell phone or home?

Time: _____ AM _____ PM _____ Cell _____ Home _____

May we call you at work?

Time: _____ AM _____ PM _____ Phone # _____

Have you ever been employed at a Mid-State location before?

Yes _____ No _____

If yes, please give dates: From: ___/___/___ To: ___/___/___

Do you have any friends/relatives working here? Yes ___ No ___

If yes, please give name (s) and relationship to you

Do you have any farming background: Yes _____ No _____

Have you ever worked with farming/light industrial equipment?

Yes _____ No _____

Have you worked for other dealers: Yes _____ No _____

If yes, who and what line of equipment?

Do you have a Driver's License: Yes _____ No _____

State: _____ License # _____ Exp. Date ___/___/___

Endorsements or Classifications? _____

Will you travel if the job requires it? Yes _____ No _____

Have you been convicted of a moving violation in the past 5 years? Yes _____ No _____

If yes, please explain:

Are you legally eligible to work in this country? Yes ___ No ___

(proof will be required upon offer of employment)

If you are under 18 can you furnish a work permit?

Yes _____ No _____

If no, please explain:

The following question is not designated to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodations, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Are you able to perform the essential functions of the job for which you are applying (with or without accommodations)?

Yes _____ No _____

Date you are available to start working? ___/___/___

What is your desired salary range or hourly rate of pay?

Salary: _____ Hourly Rate: _____

Will you work overtime if required? Yes _____ No _____

If you please explain:

Answering "Yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty", "no contest" or been convicted of a crime?

Yes _____ No _____

If yes, please provide date (s) and details:

Educational Background

Starting with your most recent school attended, please provide the following information. (Education information will be verified)

School (City & State)	Years Completed	Degree Achieved	GPA, Class Rank	Major / Minor

Additional Information

Please indicate any actual experience or skills you have in the following positions:

- | | | |
|---|--|--|
| <p><u>Office</u></p> <p><input type="checkbox"/> Management</p> <p><input type="checkbox"/> Bookkeeping</p> <p><input type="checkbox"/> Accounts Receivable</p> <p><input type="checkbox"/> Accounts Payable</p> <p><input type="checkbox"/> Payroll Clerk</p> <p><input type="checkbox"/> Warranty Clerk</p> <p><input type="checkbox"/> Data Entry</p> <p><input type="checkbox"/> Cashier</p> <p><input type="checkbox"/> Advertising / Promotions</p> <p><input type="checkbox"/> Receptionist</p> <p><input type="checkbox"/> Computer</p> <p><input type="checkbox"/> Microsoft Office</p> <p><input type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> Record Keeping</p> <p><input type="checkbox"/> Typing</p> <p><input type="checkbox"/> Filing</p> | <p><u>Parts</u></p> <p><input type="checkbox"/> Parts Manager</p> <p><input type="checkbox"/> Parts Counter</p> <p><input type="checkbox"/> Parts Inventory Control</p> <p><input type="checkbox"/> Parts Stocker</p> <p><input type="checkbox"/> Parts Driver / Delivery</p>
<p><u>Sales / Leasing</u></p> <p><input type="checkbox"/> Sales Management</p> <p><input type="checkbox"/> Farm Equipment Sales Person</p> <p><input type="checkbox"/> Turf Equipment Sales Person</p> <p><input type="checkbox"/> Light Industrial Equipment Sales</p> <p><input type="checkbox"/> F & I Management</p> <p><input type="checkbox"/> Leasing Management</p> | <p><u>Service and Setup</u></p> <p><input type="checkbox"/> Service Management</p> <p><input type="checkbox"/> Service Writing / Advisor</p> <p><input type="checkbox"/> Shop Foreman</p> <p><input type="checkbox"/> Tractor Mechanic</p> <p><input type="checkbox"/> Implement Mechanic</p> <p><input type="checkbox"/> Hydraulics Mechanic</p> <p><input type="checkbox"/> Small Engine Mechanic</p> <p><input type="checkbox"/> Machine Setup</p> <p><input type="checkbox"/> Diesel Mechanic</p> <p><input type="checkbox"/> Refrigeration</p> <p><input type="checkbox"/> Truck Driver</p> <p><input type="checkbox"/> Painting / Detailing</p> <p><input type="checkbox"/> Body Repair</p> <p><input type="checkbox"/> Welding</p>
<p><u>Other</u></p> <p><input type="checkbox"/> Janitorial</p> <p><input type="checkbox"/> Carpentry</p> <p><input type="checkbox"/> Building Maintenance</p> |
|---|--|--|

Do you have any special licensing or certifications?

Yes _____ No _____

If yes, please summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Employment History

Instructions: Starting with your most recent employer, provide the following information. List employers in consecutive order, accounting for all periods of time including military service, temporary employment, periods of unemployment and self employment. Do not exclude any employers. If self-employed, give company name and supply business references. If you need additional space, please ask for additional employment history page.

Previous salary will not be used to determine compensations with this employer

Employer: _____ Address: _____ City: _____ State: _____ Phone # _____ Dated Employed: From ___/___/___ To ___/___/___ Title of your last position: _____ Immediate Supervisor _____ Starting Compensation - Salary: _____ Hourly: _____ Ending Compensation - Salary: _____ Hourly: _____ Bonuses _____ May we contact for a reference? ___ Yes ___ No ___ Later Why did you leave? _____ Summarize the type of work performed and job responsibilities: _____ What did you like most about your job? _____ What were the things you liked least about your job? _____
Employer: _____ Address: _____ City: _____ State: _____ Phone # _____ Dated Employed: From ___/___/___ To ___/___/___ Title of your last position: _____ Immediate Supervisor _____ Starting Compensation - Salary: _____ Hourly: _____ Ending Compensation - Salary: _____ Hourly: _____ Bonuses _____ May we contact for a reference? ___ Yes ___ No ___ Later Why did you leave? _____ Summarize the type of work performed and job responsibilities: _____ What did you like most about your job? _____ What were the things you liked least about your job? _____
Employer: _____ Address: _____ City: _____ State: _____ Phone # _____ Dated Employed: From ___/___/___ To ___/___/___ Title of your last position: _____ Immediate Supervisor _____ Starting Compensation - Salary: _____ Hourly: _____ Ending Compensation - Salary: _____ Hourly: _____ Bonuses _____ May we contact for a reference? ___ Yes ___ No ___ Later Why did you leave? _____ Summarize the type of work performed and job responsibilities: _____ What did you like most about your job? _____ What were the things you liked least about your job? _____
Employer: _____ Address: _____ City: _____ State: _____ Phone # _____ Dated Employed: From ___/___/___ To ___/___/___ Title of your last position: _____ Immediate Supervisor _____ Starting Compensation - Salary: _____ Hourly: _____ Ending Compensation - Salary: _____ Hourly: _____ Bonuses _____ May we contact for a reference? ___ Yes ___ No ___ Later Why did you leave? _____ Summarize the type of work performed and job responsibilities: _____ What did you like most about your job? _____ What were the things you liked least about your job? _____

Employment History (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

If not addressed on previous page, have you ever been fired or asked to resign from a job?

Yes _____ No _____

(If yes, please explain:)

References

List name and telephone number of three business/work references who are **NOT** related to you and are **NOT** friendly acquaintances. If not applicable, list three school or personal references who are **NOT** related to you.

Name	Title or Occupation	Relationship to you	Phone #	Number of years known

Writing Skills

In the space provided, please write why you feel you would be an asset to this company and what job-related characteristics you possess that differentiates you from other applicants. Please include at least four to five sentences.

APPLICANT'S STATEMENT

I certify that all information I provide in order to apply for and secure work with this employer is true and accurate, and without consequential omissions of any kind whatsoever. I understand that this application will be given every consideration, but is not a promise of employment.

I expressly authorize, without reservation, this employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), neighbors, friends, business associates, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. This inquiry includes information as to my character, education, work experience, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further authorize the company to contact my previous employers and I authorize those employers to disclose to the company all records pertinent to my employment to them. In addition to authorizing the release of any information regarding my employment, I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, and all other persons, corporations or organizations who release information to the company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that the company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination, and a test for the presence of alcohol or drugs in my system, performed by a doctor selected by the company. Further, I understand that at any time after I am hired, the company may require me to submit to a physical examination, and drug and alcohol testing, to the extent permitted by law. I consent to the disclosure of the results of they physical examinations and related tests to the company. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

If I am hired, I understand my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without cause and with or without prior notice, and the company reserves the same right to terminate my employment with or without cause or prior notice, except as may be required by law. No one other that the President and Board of Directors of the company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United State and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided on this application will be verified, and I further understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment (ii) may result in my immediate discharge from employment with this company, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ENTIRE ABOVE STATEMENT

Signature of Applicant: _____ Date of Application ____/____/____

This application remains current for 120 days. At the conclusion of that time, if you have not heard from the employer and still wish to be considered for employment, it will be necessary for you to reapply and fill out a new application.