

GOLD-EAGLE COOPERATIVE

211 EAST BROADWAY
EAGLE GROVE, IA 50533

515 - 448 - 4682

FAX 515 - 448 - 5118

To: Company: _____
Individual: _____
Street: _____
City: _____ State: _____ Zip: _____

Personnel Manager: The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.

Name of Applicant: _____ Social Security #: _____

Job Applied For: _____

This applicant lists dates of employment with your firm from: ____/____/____ to ____/____/____

Is this correct? Yes No

What kind(s) of work did he/she do? Driver Dock Office
 Shop Other (Specify): _____

Number of reportable accidents: _____ Number of accidents in which applicant was at fault: _____

To your knowledge, was this person's Commercial Drivers License suspended while in your employ?
 Yes No If so, please explain: _____

Is there anything in the applicants history that could suggest he or she may not be trusted to handle company funds?
 Yes No

Did the applicant pose either repeated and/or severe disciplinary problems? Yes No
If so, please explain: _____

Why did employee leave your company? Resigned Discharged Laid Off

Would you re-employ this person? Yes No
Please explain: _____

Signature of person supplying information: _____ Date: ____/____/____

WAIVER

Former Employer: _____ Date: ____/____/____

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

Applicant's Signature _____ Witness Signature _____