

# SORENSEN IRRIGATION, LLC



950 County Road 70  
Hemingford, NE 69348  
(308) 487-3880  
Fax (308) 487-3605



## Employment Application

Sorensen Irrigation, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Positions(s) Applying For:** \_\_\_\_\_ **Desired Salary:** \_\_\_\_\_

### Employment Eligibility

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_ What hours are you able work? \_\_\_\_\_

If needed, are you available to work overtime? ☐ Yes ☐ No

Do you have reliable transportation to and from work? ☐ Yes ☐ No

Do you have a valid Drivers License? ☐ Yes ☐ No CDL? ☐ Yes ☐ No

Do you have any traffic violations that will prevent vehicle insurance? ☐ Yes ☐ No

Have you ever applied to or worked for Sorensen Irrigation, LLC before? ☐ Yes ☐ No

Do you have any friends or relatives working for Sorensen Irrigation, LLC? ☐ Yes ☐ No

If yes, state name & relationship: \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No

Are you a U.S. citizen or approved to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐ Yes ☐ No

If yes, please state the nature of the crime(s), when and where convicted and disposition of case:

\_\_\_\_\_

### **Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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## Education and Training

High School / College:

Address:

From: To: Did you graduate? ☐ Yes ☐ No

Diploma:

## Previous Employment

Company:

Supervisor:

Employer Address:

Phone:

Job Title:

Dates Employed:

Reason for Leaving:

Company:

Supervisor:

Employer Address:

Phone:

Job Title:

Dates Employed:

Reason for Leaving:

Company:

Supervisor:

Employer Address:

Phone:

Job Title:

Dates Employed:

Reason for Leaving:

***Please provide at least 3 Professional reference(s) below:***

Reference

Contact Information

## ***CERTIFICATION STATEMENT AND INFORMATION ABOUT AT-WILL EMPLOYMENT***

I, \_\_\_\_\_, certify that all the information submitted by me on this application is true and complete. I understand that providing false information may result in my disqualification from employment or dismissal if employed.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_