

Agricultural Technician Apprenticeship Questionnaire

Pennsylvania

Sponsored by
The Northeast Equipment Dealers Association, Inc.



Please provide complete and legible information. An incomplete questionnaire may affect your consideration, selection, and ability to participate in the Apprenticeship program. If necessary, please attach a separate sheet for additional information.

The Northeast Equipment Dealers association and our participating member dealers are committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex age physical or mental disability, use of a guide or support animal because of blindness or deafness, or physical handicap, veteran or military status, genetic information or any other legally recognized protected basis under federal, state or local law. The information collected by this questionnaire is solely to determine suitability for program acceptance and participation, verify identity, and maintain statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure equal program access without imposing undue hardship on the association or their participating dealers. Please inform an association representative if you need assistance completing any forms or to otherwise participate in the selection process.

Your questionnaire will be active for 90 calendar days. If you are not selected to participate during that time period, but wish to continue to be considered for available Apprenticeship opportunities, you must complete a new questionnaire.

Upon selection, enrollment and employment you may be required to provide your sponsoring dealer a picture of yourself, have one taken, and or provide additional information.

General Information

Full Name: _____
(first, middle, last)

Date: _____
(day/month/year)

Address: _____
(Street, City, State, Zip Code)

Contact Number: (____) _____ - _____

Alt: (____) _____ - _____

Email: _____

Are you legally authorized to work in the United States? Yes No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g. H-1B)? Yes No

Are you at least 18 years old? Yes No

(If no you may be required to provide authorization to work)

How did you learn about the Agricultural Apprenticeship Program? Were you referred?

What interested you in the program?

Upon program completion, would you be willing to relocate? _____ Yes _____ No

Do you have any Agricultural experience?

Education

Type	School Name and Location	GPA	Course of Study/Major
High School	_____ _____	_____	_____ _____
College or University	_____ _____	_____	_____ _____
Vocational or Trade	_____ _____	_____	_____ _____
Graduate	_____ _____	_____	_____ _____
Other (including Military training)	_____ _____ _____		_____ _____ _____

Please list any work related certifications or licenses you currently possess:

Background Information

During the past seven years, have you ever been discharged, suspended, or asked to resign from any position? Yes No

If yes, please explain _____

For the purposes of verifying information on this questionnaire, have you ever worked or attended school under a different name at any of the organizations you have listed?

Yes No

If yes, please explain _____

Professional References

Please list three references (other than those listed as current/former supervisor) that we may contact:

Name _____ Telephone (____) ____ - _____

Email _____ Type of Acquaintance _____

Name _____ Telephone (____) ____ - _____

Email _____ Type of Acquaintance _____

Name _____ Telephone (____) ____ - _____

Email _____ Type of Acquaintance _____

Employment Record

List all of your employment experience for the past seven years, starting with the most recent or present employer, including US Military Service. You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

Current Employer _____

Address _____

Phone (____) ____ - _____ Your Position _____

Supervisors Name/Title _____

May we contact them? Yes No

From (month/year) _____/_____/_____ To (month/year) _____/_____/_____

Primary responsibilities _____

Reason for leaving _____

Employer _____

Address _____

Phone (____) _____ - _____ Your Position _____

Supervisors Name/Title _____

May we contact them? _____ Yes _____ No

From (month/year) _____/_____/_____ To (month/year) _____/_____/_____

Primary responsibilities _____

Reason for leaving _____

Employer _____

Address _____

Phone (____) _____ - _____ Your Position _____

Supervisors Name/Title _____

May we contact them? _____ Yes _____ No

From (month/year) _____/_____/_____ To (month/year) _____/_____/_____

Primary responsibilities _____

Reason for leaving _____

Employer _____

Address _____

Phone (____) _____ - _____ Your Position _____

Supervisors Name/Title _____

May we contact them? _____ Yes _____ No

From (month/year) _____/_____/_____ To (month/year) _____/_____/_____

Primary responsibilities _____

Reason for leaving _____

Employer _____

Address _____

Phone (____) ____ - ____ Your Position _____

Supervisors Name/Title _____

May we contact them? _____ Yes _____ No

From (month/year) _____ / _____ To (month/year) _____ / _____

Primary responsibilities _____

Reason for leaving _____

Employer _____

Address _____

Phone (____) ____ - ____ Your Position _____

Supervisors Name/Title _____

May we contact them? _____ Yes _____ No

From (month/year) _____ / _____ To (month/year) _____ / _____

Primary responsibilities _____

Reason for leaving _____

Employer _____

Address _____

Phone (____) ____ - ____ Your Position _____

Supervisors Name/Title _____

May we contact them? _____ Yes _____ No

From (month/year) _____ / _____ To (month/year) _____ / _____

Primary responsibilities _____

Reason for leaving _____

Please explain any gaps in employment

Have you ever worked for an Equipment dealership before? _____ Yes _____ No

(If yes what was the name of the dealership?)

Do you have any relatives who are currently or have previously been employed at an Equipment dealership? _____ Yes _____ No

(If yes what was the name of the dealership?)

Have you signed, or otherwise agreed to, any non-solicitation, non-compete or other similar agreement with any prior employer? _____ Yes _____ No

Please read carefully and initial each paragraph before signing

I have disclosed all information that is relevant and should be considered applicable to my selection and participation in the Agricultural Technician Apprenticeship program. _____

I understand where permissible by law that I may be subject to a pre-employment drug test and that a negative result must be received before participation in the Agricultural Technician Apprenticeship program. _____

I understand where permissible by law that I may be subject to a pre-employment medical examination after being selected for participation but prior to employment at a participating dealership and that I must meet the qualifications for the program with or without reasonable accommodations. _____

I understand where permissible by law that I may be subject to a pre-employment background check to investigate my criminal background, driving record or other matters related to my suitability for program participation after being selected to participate in the Agricultural Technician Apprenticeship program, but prior to employment at a participating dealership. I understand that a separate disclosure form will be provided prior to any background check. _____

I hereby certify that the information given by me is true in all respects. I authorize my sponsoring dealership or it's representative to contact my prior employers (with the exception of my current employer) if I selected yes after the question "May we contact" on pages five and six of this questionnaire for the purpose of verification of the information. I have supplied and release any liability resulting from the information released and authorize any employers, schools, and any other persons named on this questionnaire to provide any information or transcripts requested. _____

I understand that employment by a participating dealership is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____

I certify that if employment at a participating dealership will not violate or breach any non-solicitation, non-compete, or other similar covenant or agreement, if any, I may have with a prior employer other than those that I have disclosed on this questionnaire. _____

Should I be selected and employed by a participating dealership I will report to my supervisor, a representative of HR, or other member of management if I am ever harassed by someone at the company, if I've been injured, or if I become aware of any unethical behavior by any employee of dealership. _____

I expressly understand and agree that, if employed by a participating dealership, my employment, having no specified term, is based on mutual consent and may be terminated at will, with or without cause, by either the dealership or myself without prior notice to the other unless otherwise prohibited by law. _____

I understand that no representation, whether oral or written, by any representative or agent of the Northeast Equipment Dealers Association or a participating dealership can constitute an implied or express contract of employment. I further understand that no representative or agent of the Northeast Equipment Dealers Association or a participating dealership has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than a document signed by the Director of Human Resources or an authorized representative. _____

I certify that all the above information is true and complete and I understand that any falsification or omission of information may disqualify me from participation in the Agricultural Apprenticeship program, further consideration for program participation or employment and may result in termination regardless of the time elapsed before discovery. _____

I understand that I may be asked to sign a separate disclosure and consent prior to any background investigation. _____

Candidates Signature

Date

_____/_____/_____ (day/month/year)