



North American Retail



APPLICATION FOR EMPLOYMENT

Date Prepared: _____

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER.

The Company does not discriminate on the basis of age, sex, race or color, national origin, religion or disability

PERSONAL

Name			
Address		Home Phone Number	Alternate Phone Number
City, State & Zip	County	Location where position is being applied for	
Position Applied For		Date Available for Work	Expected Earnings
Driver's License Number	Expiration Date	State of Issue	CDL License Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

ATTACH A SEPARATE SHEET IF NECESSARY.
PERSONS APPLYING FOR DRIVERS POSITION MUST PROVIDE INFORMATION ON THE LAST 10 YEARS.

1	Name of Company	Nature of Business	
Address		Employed From	Employed To
City, State and Zip Code			
Phone Number			
Title		Immediate Supervisor	Salary \$
Nature of Work			
Reason For Leaving			
2	Name of Company	Nature of Business	
Address		Employed From	Employed To
City, State and Zip Code			
Phone Number			
Title		Immediate Supervisor	Salary \$
Nature of Work			
Reason For Leaving			
3	Name of Company	Nature of Business	
Address		Employed From	Employed To
City, State and Zip Code			
Phone Number			
Title		Immediate Supervisor	Salary \$
Nature of Work			
Reason For Leaving			
Indicate any previous employers you do not wish be contacted:			

EDUCATION

School	Name and Location	Area of Study	Years Completed	Did you Graduate?	Degree awarded
High School					
College or University					
Graduate, Business or Other					

Professional licenses and or designations held or pursuing (specify) : _____

Relevant office/software skills: _____

U.S. MILITARY SERVICE EXPERIENCE

Branch of Service	Rank	Date Entered	Date Discharged
Duties			

ADDITIONAL INFORMATION

Referred by: _____ Job Posting _____ Former Employee _____ Current Employee _____ Internet _____ Advertisement _____ Other

Name of Referring Employee: _____

Have you ever applied to, or worked for our company? Yes____ No____
If yes, when? _____

Are you related to a current employee of the company? Yes____ No____
If yes, please provide the employees name: _____

Are you at least 18 years of age? Yes____ No____
(If you are under 18, hire is subject to verification that you are of minimum legal age.)

If rehired, can you present evidence of your U.S. Citizenship or proof of legal right to work in this Country? Yes____ No____

Do you meet the legal age requirement for D.O.T. drivers? Yes____ No____

Are you able to perform the essential functions of the job for which you are applying? Yes____ No____
If no, describe the functions that cannot be performed or what accommodations are necessary:

When required by the job are you willing to work: Weekends? Yes__ No__ Shifts? Yes__ No__

Note to D.O.T. Associates:

Agrium U.S. Inc., North American Retail (hereinafter referred to as "the Company") will request information from all former employers listed. Department of Transportation rules require that previous employers complete specific information pertaining to your DOT-regulated duties for the three years just prior to your application with the Company. With respect to the information we receive concerning your DOT-Regulated employment within the past 3 years, you have the right to:

- review the information provided by previous employers;
- have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the Company;
- have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

Any requests to review previous employer information received by the Company must be made in writing within 30 days of employment or denial of employment.

CONDITIONS

I hereby authorize Agrium U.S. Inc., North American Retail (herein after referred to as "the Company") to verify all statements contained in this application for employment. If an offer of employment is extended to me, I authorize the Company to conduct a background investigation in accordance to state and federal regulations, for employment purposes. I understand that the Company will utilize the services of an independent agency to obtain information covering up to the last seven years (five years for MA applicants) regarding my credit background, references, character, past employment, work habits, education, driving record (motor vehicle record), general reputation, personal characteristics, standard of living, judgments and liens, as well as any information about my criminal conviction background consistent with federal and state laws. In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

In consideration for my being considered for employment by the Company, I give my consent to and authorize any person or medical facility designated by the Company to perform any testing, including pre-employment physical pre-employment drug screen, random testing, or medical procedures necessary to determine the presence of level of drugs in my body, except where prohibited by law. I further give my consent to release to the Company, or its designated agent, the results of any medical tests or medical procedures, including any tests or medical procedures used to determine the presence or level of drugs in my body. It is further understood that employment is contingent upon passing the drug and/or alcohol test and meeting the physical requirements of the job, with or without reasonable accommodation as required by law.

In the event of my employment, I will furnish proof which will allow me to be legally employed. Also, I realize it may be necessary to sign such documents as a code of conduct statement and/or a confidential information statement.

I understand that nothing conveyed during any interview which may be granted is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, employment is for no definite or determinable period and may be terminated at any time for any reason or for no reason at all, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by the Company's Senior Vice President and me.

I certify that all statements I have made on this form are true and agree that any misrepresentation or omissions of facts called for may be sufficient cause for cancellation of my application for employment or immediate dismissal from the Company's service if I have been employed.

Signature of applicant: _____

Date: _____

Printed Name: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
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Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►**Title****Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

**Learning about the law
or the form** 24 min.

**Preparing and sending this form
to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM
Work Opportunity Tax Credit (WOTC) Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: _____ Date: _____

New Hire Name: _____

Social Security Number: _____ -□□□□ Date of Birth: _____
(Enter last four digits) (Enter date)

Employer Name: _____

Employer Federal ID (EIN) Number: _____ -□□□□
(Enter last four digits)

Please check all the statements that apply to you and provide all requested dates.
Sign and date this form where indicated below.

- ☐ I declare that I was in a period of unemployment that is at least 27 consecutive weeks the day before I began to work for this employer, or, if earlier, the day I completed IRS Form 8850. I have been in a period of unemployment of not less than 27 consecutive weeks, from _____ to _____.
(Enter start date) (Enter end date)

I make this declaration on the day I completed IRS Form 8850 _____.
(Enter date)

- ☐ I declare I have received unemployment compensation/benefits under State or Federal law during a period of unemployment.

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.