



**The MFA Ag Experience**  
A Work-Study Program for College Students  
MFA Incorporated  
201 Ray Young Dr. Columbia, MO 65201

# Application for Employment

DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

## PERSONAL DATA

Name in full \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle (Other)

Present Address \_\_\_\_\_  
Street City State Zip Phone

Are you related to anyone now employed by MFA Incorporated, or any of its association companies?  Yes  No

If yes, indicate name, relationship and company where employed. \_\_\_\_\_

## EDUCATION

School Name and Address	HIGH SCHOOL				GED	TRADE SCHOOL			
	9	10	11	12	<input type="checkbox"/> Yes	0-6 Mo.	6 Mo.-1 Yr.	1-1 ½ Yr.	1 ½ - 2 Yr.
Circle Highest Level Completed					<input type="checkbox"/> No				
Diploma/Degree Earned									
Describe Course of Study									
Grade Point Average									
School Name and Address	UNDERGRADUATE COLLEGE/UNIVERSITY					GRADUATE/PROFESSIONAL			
	1	2	3	4		1	2	3	4
Circle Highest Level Completed									
Dates Attended									
Diploma/Degree Earned									
Describe Course of Study	Major:					Major:			
	Minor:					Minor:			
Current Grade Point Average									

Please provide a short essay summarizing your past agriculture experience and qualifications for this program. Include your career goals.



# The Ag Experience

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## EMPLOYMENT HISTORY

Show employment history (most recent first) for at least 10 years or from the time you left school (supplemental sheet available). Consider each major promotion in a company as a new job. Omit military service. Explain gaps in employment history. You may attach a resume, but you must complete the employment section. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Name & Address of Employer	Phone #	Supervisor	Duties	Mo., Day, Yr. Employed	Salary	Reason for Leaving
				From To	\$ _____ per	
				From To	\$ _____ per	
				From To	\$ _____ per	
				From To	\$ _____ per	
				From To	\$ _____ per	

May we contact your present employer?  Yes  No

Are you a MFA Scholarship winner?  Yes  No

Additional comment (duties, supervisory responsibilities, etc.) related to above \_\_\_\_\_

## REFERENCES

Name	Work/Home Ph.	Address	Occupation

**PLEASE READ THE FOLLOWING CAREFULLY AND ADD YOUR SIGNATURE IN THE SPACE PROVIDED**

I hereby certify that my answers to all questions herein are true. MFA Incorporated has my permission to communicate with my present and past employers and schools I have attended in determining my qualifications for employment. I also understand that MFA Incorporated, in compliance with the Fair Credit Reporting Act, may make a routine inquiry as part of its normal employment procedure concerning my character, general reputation, personal characteristics, and mode of living. Upon my written request, additional information as to the nature and scope of the report, if one is made, will be provided to me. I understand that, if I am employed and if any statement herein is not true or if my references are not entirely satisfactory to my employer, I may be released immediately.

MFA Incorporated reserves the right to conduct pre-employment drug testing (drug testing will automatically be conducted when legally mandated).

Except where otherwise specified in writing, all employment is "at will." Employment may be terminated at any time with or without notice by the employer or the employee. The submission of an application does not obligate the employer to hire the applicant. Proof of citizenship or immigration status will be required upon employment.

Signature of Applicant (in ink) \_\_\_\_\_ Date \_\_\_\_\_

**EOE M/F/D/V**

**The application deadline is DECEMBER 1st.**