



DRIVER'S APPLICATION FOR EMPLOYMENT

Company: Cooperative Farmers Elevator Address: _____

City, State, and Zip Code: _____

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, non-job related disability, marital status or veteran status.

Date of Application: _____

Position(s) Applied for: _____

Name: _____ Social Security No. _____ - _____ - _____
Last First Middle

Street Address (P. O. Box, if applicable) Home Telephone

City, State, Zip Code How Long? Business Telephone

Date of Birth: ____/____/____ (Required for Truck Drivers) Can you provide proof of age: ____ Yes ____ No

Address for Past Three (3) Years Street City State, Zip Code How Long? _____

Street City State, Zip Code How Long? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Apart from absence for religious observance, are you available for full-time work? ____ YES ____ NO

If not, what hours can you work? _____ Will you work overtime, if asked? ____ YES ____ NO

Are you legally eligible for employment in the United States? ____ YES ____ NO

When will you be available to begin work? _____

Have you worked for this company before? ____ YES ____ NO Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Have you ever been convicted of a felony? ____ No ____ Yes (If yes, please explain fully on a separate sheet of paper.)

Are you currently employed? ____ YES ____ NO If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____



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EXPERIENCE and QUALIFICATIONS – DRIVER

State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of equipment	Type of equipment (van, tank, flat, etc.)	Dates		Approximate number of miles (total)
		From _____	To _____	
Straight truck				
Tractor & semi-trailer				
Tractor w/ two trailers				
Other				

List states operated in for last five years: _____

List special courses or training that will help you as a driver: _____

Do you have any safe driving awards? _____ YES _____ NO From Whom? _____

List special equipment or technical materials you can work with (other than those already shown) _____

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	Dates	Nature of accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last accident				
Next previous				
Next previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Violation (charge)	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ YES _____ NO

B. Has any license, permit, or driving privilege ever been suspended or revoked? _____ YES _____ NO

(IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.)



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EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: DOT requires that employment for at least three (3) years and/or Commercial Driving Experience for the past ten (10) years be shown.

LAST EMPLOYER:

NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____

SECOND LAST EMPLOYER:

NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____

THIRD LAST EMPLOYER:

NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____ YES _____ NO

If yes, explain if you wish: _____

DOT DRUG & ALCOHOL TESTING

Have you been employed in a position subject to DOT Regulations in the past 3 years? _____ Yes _____ No

Have you ever tested positive on a DOT-approved drug and/or alcohol test? _____ Yes _____ No

Have you ever refused to test on a DOT-approved drug and/or alcohol test? _____ Yes _____ No

TO BE READ AND SIGNED BY APPLICANT

This certifies that this driver employment application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety regulations.

Applicant's Name: _____ Social Security No.: _____ - _____ - _____



DRIVER'S APPLICATION FOR EMPLOYMENT

- A. A person is physically qualified to drive a motor vehicle if he/she:
Has no loss of a foot, leg, hand, or arm, or has been granted a waiver pursuant to Section 391.49.
- B. Whether an individual has an impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) an arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or (iii) any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or (iv) has been granted a waiver pursuant to Section 391.49.
- C. A person is physically qualified to drive a motor vehicle if he/she:
Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
- D. Whether an individual has a "current clinical diagnosis of" myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or cardiovascular disease; whether the "current clinical diagnosis of" is "known to be accompanied by" syncope, dyspnea, collapse, or congestive cardiac failure.
- E. Whether an individual has an established medical history or clinical diagnosis of a respiratory dysfunction, and whether that dysfunction is likely to interfere with an individual's ability to safely control and drive a motor vehicle.
- F. Whether an individual has current clinical diagnosis of high blood pressure likely to interfere with a driver's ability to operate a motor vehicle.
- G. Whether an individual has an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease and whether that condition interferes with his/her ability to safely control and operate a motor vehicle.
- H. Whether an individual has an established medical history or clinical diagnosis of epilepsy; or whether an individual has any condition which is likely to cause the loss of consciousness; or whether an individual has any condition which would cause the loss of ability to control a motor vehicle.
- I. Whether an individual has a mental, nervous, organic, or functional diseases or psychiatric disorder, an whether the disease or disorder is likely to interfere with the driver's ability to drive a motor vehicle safely.
- J. Whether an individual has a distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses; whether an individual has distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses; and whether an individual has a field of vision of at least 70 degrees in the horizontal meridian in each eye; and whether an individual has the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.
- K. Whether an individual can first perceive a forced whisper voice in the better ear at not less than five feet with or without the use of a hearing aid, or if tested by use of an audiometric device calibrated by the American Standards Association (Z24.5 - 1951), whether an individual has an average hearing loss in the better ear not greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz.
- L. Whether an individual uses a Schedule 1 drug or other substance identified in Appendix D to this subchapter (391.41), an amphetamine, a narcotic, or any other habit-forming drug.
- M. Whether an individual has a "current clinical diagnosis of alcoholism."

IF YOU HAVE EVER HAD A CLINICAL DIAGNOSIS OR ARE SUFFERING FROM ANY OF THE FOREGOING, YOU MAY NOT BE PHYSICALLY QUALIFIED TO DRIVE A COMMERCIAL MOTOR VEHICLE. THEREFORE, YOU MUST SUPPLY A DOT-APPROVED MEDICAL CERTIFICATE WITH THIS APPLICATION.



DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain driving history. If your employment falls under the Federal Department of Transportation (DOT) and the Federal Motor Carrier Safety Administration (FMCSA), including 49 CFR 391.23, the report could include your driving, safety inspection, and performance history from the FMCSA.

Your information may be processed by persons providing services to our company and it may be accessible to law enforcement and national security authorities.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

DOT DRIVERS --- I understand that Title 49 of the Federal code of regulations, 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the Department of Transportation. Information such as dates of employment, position, and accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by Cooperative Farmers Elevator including former employers and/or from or through iiX. I hereby release and hold harmless any person, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or discloser of any or all of the information discussed above.

I consent to and authorize the processing of my information to my employer and understand that this information may be accessible to law enforcement and national security authorities.

I understand and acknowledge that this release of information may assist Cooperative Farmers Elevator to make determination regarding my suitability as an employee. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name: _____

Applicant's Signature: _____

Date of Signature: _____



Annual Driver Certification of Violations

Cooperative Farmers Elevator
(Company)

_____ (City and State)

49 CFR 391.27 requires that each motor carrier shall at least once every twelve months require that each driver furnish a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) for which the driver has been convicted or forfeited bond or collateral during the preceding twelve months.

For interstate drivers (1 or more out-of-state trips per year) 49 CFR 383.31 is applicable and requires the same information be supplied within 30 days of conviction (guilty/no contest/paid by waiver, etc).

Driver's Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve months.

If None, state NONE.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted, or forfeited bond or collateral due to any violations during the past twelve months that are required to have been listed.

Driver's Name: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

Date of Certification: _____

State: _____ Expiration Date: _____

Motor Carrier's Name: _____

Driver's Signature: _____

Reviewed by; Signature: _____

Motor Carrier's Address: _____

Title: _____

City, State, Zip: _____

Retain this record for three years from date of execution.