

## Employment Application

Applicant Information					
Name (Last, First, MI)				Date	
Home Address				Phone	
Position applying for:				Desired Salary:	
Hours available to work:		Are you available to work overtime? YES NO		Date available to start:	
Are you over the age of 18?				YES	NO
Are you currently authorized to work in the United States?				YES	NO
Have you ever been discharged or been asked to resign from any job? If yes, please explain.				YES	NO
Have you ever served in the armed services? If yes, please provide the following information: Branch? _____; Dates of duty: from _____ to _____ Special training that will qualify you for the position for which you are applying:				YES	NO
Education					
Type of School	Name of School	Location	Yrs. Completed	Major	Degree
High School					YES NO
College					YES NO
Graduate/ Professional					YES NO
Technical/ Other					YES NO
Employment History					
Please give a complete record of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.					
Name and address of employer				Employment dates	
				From: To:	
Last job title:		Reason for leaving:			
Supervisor name and phone number:				May we contact? YES NO	
Were you subject to the FMCSRs while employed here? YES NO					
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing? YES NO					

<b>Name and address of employer</b>		<b>Employment dates</b>	
		From:	
		To:	
Last job title:		Reason for leaving:	
Supervisor name and phone number:		May we contact? YES NO	
Were you subject to the FMCSRs while employed here? YES NO			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing? YES NO			
<b>Name and address of employer</b>		<b>Employment dates</b>	
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Last job title:		Reason for leaving:	
Supervisor name and phone number:		May we contact? YES NO	
Were you subject to the FMCSRs while employed here? YES NO			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing? YES NO			
<b>Name and address of employer</b>		<b>Employment dates</b>	
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Last job title:		Reason for leaving:	
Supervisor name and phone number:		May we contact? YES NO	
Were you subject to the FMCSRs while employed here? YES NO			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing? YES NO			
<b>Driving Experience</b>			
<b>Accident Record for the past three (3) years: (attach sheet if more space is needed):</b>			
<b>Date of accident</b>	<b>Nature of accident (head-on, rear end etc)</b>	<b>Location of accident</b>	<b># of fatalities</b>
<b>Traffic convictions and forfeitures for the last three (3) years (other than parking violations):</b>			
<b>Date</b>	<b>Location</b>	<b>Charge</b>	<b>Penalty</b>

Driver's License (list each driver's license held in the past three (3) years:				
State	License	Type	Endorsements	Expiration Date

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

Has any license, permit, or privilege ever been suspended or revoked?    YES    NO

Is there any reason you might be unable to perform the functions of the job for which you have applied?    YES    NO

If the answers to any questions listed above are "yes", give details:

Job References			
List three (3) persons for references, other than family members, who have knowledge of your safety habits.			
Relationship	Name	Email	Phone

**To be read and signed by applicant:**

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

I agree to submit to drug and alcohol testing, if requested by the Cooperative, and authorize the Cooperative to investigate my employment history, driving record, education and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize the Cooperative to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, or contractual audit purposes. I release the Cooperative and any individual or entity providing information to the Cooperative from all liability for any damages from the disclosure of this information.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application in no way obligates the Cooperative to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which I may be disqualified without recourse.

This certifies that this 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_