



DOT APPLICATION FOR QUALIFICATION

Farmers Co-op Elevator is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Illegal Substance Testing is required of applicant driver.

NOTICE: Do Not leave any spaces blank. If a question does not apply mark N/A. Incomplete applications will not be accepted.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ - _____ - _____

Driver's License # _____ State _____ Exp. Date _____

Applicant Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code Dates: _____
From To

Addresses for the past three (3) years:

Previous Address: _____
Street City State Zip Code Dates: _____
From To

Previous Address: _____
Street City State Zip Code Dates: _____
From To

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Phone Number: () _____ - _____ Birth Date _____ Age: _____

Are you authorized to work in the U.S.? ☐ Yes ☐ No Referred by: _____

State the name of any relatives, other than spouse, already employed by this company. _____

POSITION DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Have you previously worked for this company? ☐ Yes ☐ No If so, from _____ to _____

Reason for leaving: _____ Former supervisor(s) at this company: _____

How did you learn of this opening: _____

EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training or special skills: _____

Employment History

Please provide information on past employers during the preceding 10 years, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employment History

Please provide information on past employers during the preceding 10 years, starting with the most recent. If you need more room you may attach another sheet of paper.

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

EXPERIENCE AND QUALIFICATIONS - DRIVERS

Class of Equipment	Dates		Approximate Number of Miles Driven (Total)
	From	To	
Straight Truck			
Tractor and semi-trailer			
Tractor with two trailers			
Tractor with three trailers			
Other			

List states operated in for last five years: _____

List any Safe Driving Awards you hold and from who: _____

List any special courses/training completed (HazMat etc.) _____

List the types of products you have hauled: _____

Accident Record for last three years

Date of Accident	Type of Accident (Head on, rear end, roll-over)	Location of Accident	# of Fatalities	# of Injuries

Traffic Convictions and forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

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

(If the answer is yes to either of the two previous questions, attach a statement giving the details)

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	How Acquainted	Years Acquainted

TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize Farmers Co-op Elevator to investigate my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give Farmers Co-op any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release Farmers Co-op and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, my conduct will conform to Farmers Co-op rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of Farmers Co-op has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT FARMERS CO-OP ELEVATOR HAS THE SAME RIGHT.

Date _____ Signature: _____