



# LeRoy Coop Employment Application

DOT Positions

LeRoy Coop ("The Company") 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, arrest record or any other characteristic protected by federal, state and/or local laws. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain effective for a period of thirty (30) days or until the position is filled.

If you would like to request a reasonable accommodation to complete this form, please contact a Human Resources representative.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you prefer to be contacted regarding your employment application? ☐ Phone Call ☐ Text ☐ Email

Please list any other addresses for the past three years:

Address: \_\_\_\_\_  
Street City State ZIP Code

Address: \_\_\_\_\_  
Street City State ZIP Code

Address: \_\_\_\_\_  
Street City State ZIP Code

Position Desired: \_\_\_\_\_

Date Available: \_\_\_\_\_ Hourly Rate/Salary Desired: \_\_\_\_\_

Are you presently employed? ☐ YES ☐ NO If yes, may we contact your employer? ☐ YES ☐ NO

If presently employed, why are you considering leaving? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer or Human Resources before answering the question.

☐ YES ☐ NO

Are you available to work: ☐ Days ☐ Nights ☐ Weekends  
☐ Full Time ☐ Part Time  
Please explain: \_\_\_\_\_

How were you referred to the company? \_\_\_\_\_

Do you have any relatives who work for this company? ☐ YES ☐ NO

If yes, please list their name and work location:

Are you legally eligible to be employed in the United States? ☐ YES ☐ NO

*Proof of eligibility will be required upon employment*

Are you 18 years old or older? ☐ YES ☐ NO

If yes, are you 21 years old or older? ☐ YES ☐ NO

*Proof of age may be required*

Have you ever worked for this company before? ☐ YES ☐ NO

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime? *A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.* ☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

### Education

	Name and Location of School	Course of Study	Number of years completed	Diploma or Degree Received
High School				
College or University				
Trade, Business or other School				

Other education, training or special skills: \_\_\_\_\_

### Driving Experience

#### DRIVER LICENSE QUALIFICATIONS

	State	License No.	Type	Expiration Date
Driver License				
Driver License				
Driver License				

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 to either question is "Yes", attach a statement providing details*

#### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From	To	Approximate Number of Miles (total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

#### ACCIDENT RECORD FOR PAST THREE YEARS OR MORE

Date	Nature of Accident	Fatalities	Injuries

#### TRAFFIC CONVICTIONS FOR PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty



## Previous Employment

Include your last three (3) years of employment history and past ten (10) years of commercial driving experience, starting with the most recent and working backwards in time. Please include military service as work experience. Attach separate sheet if more space is needed.

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? ☐ YES ☐ NO

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? ☐ YES ☐ NO

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

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Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? ☐ YES ☐ NO

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

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Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? ☐ YES ☐ NO

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

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Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

### References

☐ \_\_\_\_\_ (initial) I voluntarily consent to allow the company and any of its officers, employees or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character or personality.

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

Name	Occupation & Company	Relationship & # of years	Phone Number



### Disclaimer and Signature

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me and I release the Company and all providers of information from any liability as a result of furnishing and receiving this information. I understand that failure to reveal any omission or misleading information by me can result in disqualification for employment consideration or, if hired, may be grounds for termination from the Company.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company 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 THE COMPANY HAS THE SAME RIGHT.

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

HR USE ONLY			
Hire Date		Rate	
Title		Manager	
Department		Location	

## LeRoy Cooperative Assn.

### EMPLOYER DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, and continuing employment practices, we may obtain employee driving history records. Under the provisions of the Drivers' Privacy Protection Act of 1994 (18 U.S.C. § 2721) before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

### EMPLOYEE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the said Drivers' Privacy and Protection Act and all applicable federal, state, and local laws, I hereby authorize and permit The LeRoy Cooperative Assn (Employer) to obtain:

1. Records concerning any driving, criminal history, workers' compensation (post-offer only) and drug testing;
2. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as my Employer from my liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

Drivers License number \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Full Name \_\_\_\_\_  
(please print clearly) Signature \_\_\_\_\_ Date \_\_\_\_\_