



DRIVER'S APPLICATION FOR EMPLOYMENT

Farmers Win Cooperative
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Fredericksburg, IA 50630
P: 563-237-5324
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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.

Position(s) Applied for: _____ Date of Application: _____

Name: _____ Social Security No: _____

Street Address: _____ City: _____ State: _____ Zip: _____

How long at current address? _____ Home Phone: _____ Cell Phone: _____

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

Address for Past Three (3) Years:

Street Address: _____ City: _____ State: _____ Zip: _____ How long? _____

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Are you currently employed? [] Yes [] No If not, how long since leaving last employment? _____

When will you be available to begin work? _____ Rate of pay expected? _____

Who referred you? _____

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

Have you worked for this company before? [] Yes [] No Dates From _____ To _____

Location _____ Rate of Pay _____ Position _____ Reason for Leaving _____

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

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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 FROM ____ TO ____	APPROXIMATE NUMBER OF MILES (TOTAL)
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 operate (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

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE EXPLAIN _____

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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.

From /	Employer Name: Address:	Position held, duties	Supervisor: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone Number:		Starting Pay:
Reason for leaving:			
From /	Employer Name: Address:	Position held, duties	Supervisor: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone Number:		Starting Pay:
Reason for leaving:			
From /	Employer Name: Address:	Position held, duties	Supervisor: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone Number:		Starting Pay:
Reason 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 RANDOM DRUG & ALCOHOL TESTING

Have you been employed in a position subject to DOT Regulations in the past three (3) years? Yes No
 Have you ever tested positive on a DOT approved random drug and alcohol test? Yes No
 Have you ever refused to test on a DOT approved random drug and 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.

APPLICANT'S SIGNATURE

DATE

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

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- 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, and 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 a 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.