

UNITED PRAIRIE AG LLC DRIVER'S APPLICATION FOR EMPLOYMENT

Cropland Co-op, dba United Prairie Ag, LLC
PO Box 947
Ulysses, KS 67880
(Answer all questions)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) applied for _____ Date of Application _____

Name _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
Phone _____ How long? _____
State Zip Code

Previous Addresses _____ How long? _____
Street City State & Zip Code

_____ How long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____

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

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employer? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might not be able to perform the functions of the job for which you have applied (as described in the positions job description)? If yes explain if you wish. _____

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

Employment History

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, "X" NONE

DATES	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident ___/___/___			
Next Previous ___/___/___			
Next Previous ___/___/___			
Next Previous ___/___/___			

NONE

TRAFFIC CONVICTIONS AND FORFITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, "X" NONE

LOCATION	DATE	CHARGE	PENALTY
	___/___/___		
	___/___/___		
	___/___/___		
	___/___/___		

NONE

EDUCATION

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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, ATTACH STATEMENT GIVING DETAILS _____

DRIVING EXPERIENCE IF NONE, "X" NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		EXPIRATION DATE
		FROM	TO	
STRAIGHT TRUCK		__/__/__	__/__/__	
TRACTOR & SEMI-TRAILER		__/__/__	__/__/__	
TRACTOR – TWO TRAILERS		__/__/__	__/__/__	
MOTORCOACH – SCHOOL BUS		__/__/__	__/__/__	
OTHER		__/__/__	__/__/__	
OTHER		__/__/__	__/__/__	

NONE

LIST STATES OPERATED IN THE LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING REWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

TO BE READ AND SIGNED BY THE APPLICANT

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.

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all the rules and regulations of the company.

DATE

APPLICANT'S SIGNATURE

UNITED PRAIRIE AG LLC

FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE AND AUTHORIZATION FORM

Definitions you will want to understand before signing this form include:

Employment purposes	When used in connection with a consumer report, this term means a report used for the purpose of evaluating a consumer for employment, promotion, reassignment, or retention as an employee.
Adverse action	A denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee.
Consumer report	May include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
Investigative consumer report	A consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information. However, such information shall not include specific factual information on a consumer's credit record obtained directly from a creditor of the consumer or from a consumer reporting agency when such information was obtained directly from a creditor of the consumer or from the consumer.

Please take notice that one or more consumer reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. §1681, *et seq.* Should a decision to take any adverse action against you be made, based either in whole or in part on the consumer report, the consumer reporting agency that provided the report played no role in our decision to take such adverse action.

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.

Information provided by you will be used in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual service for our company, and/or (3) security clearance or access. You have a right to request a complete and accurate disclosure of the nature and scope of any investigative consumer report requested. In addition, you have a right to a written summary of your rights under §1681g of the Fair Credit Reporting Act, as amended.

I hereby authorize Cropland Co-op, dba United Prairie Ag, LLC to obtain such report(s) for employment purposes. If I am offered employment by the company I further authorize Cropland Co-op, dba United Prairie Ag, LLC, to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment.

Print Name

Social Security Number

Signature

Date

Your Social Security Number is needed to keep records accurate, because other people may have the same name.

REQUEST FOR INFORMATION
From Previous Employer

I hereby authorize you to release the following information to **United Prairie Ag LLC** for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date

Employee/Applicant's Signature

(Completed by Employee/Applicant)
Mail To: (Former Employer)

From: United Prairie Ag, LLC attn. Joe Lopez
1125 W. Oklahoma
P.O. Box 947
Ulysses, KS. 67880

Telephone No. 620-356-4421

Fax No. 620-356-2946

(completed by company representative)

Dear Sir/Madam:

The below named individual has made application to this company for a position as _____ and states that he/she was employed by you as _____ from ___/___/___ to ___/___/___.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,
United Prairie Ag, LLC

(Completed by Employee/Applicant)

Name of Applicant: _____ Social Security No.: _____

(Completed by Former Employer)

1. Employed from ___/___/___ to ___/___/___ as _____ at wage or salary of _____.

2. Did he/she drive a motor vehicle for you? _____, Straight Truck? _____, Tractor-Semi trailer? _____, Bus? _____. Other (Please Specify) _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employ: Discharge _____; Resignation _____; Lay Off _____; Military Duty; _____.
5. Was his/her general conduct satisfactory? _____
6. Please advise of past driving record if available for the past three years

Confidential Report of Personal Reference

Please indicate your opinion by placing a check mark in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks

Signature _____

Title _____

Date _____

For the prospective employer's record, maintain this information in the Driver Qualification File for 3 years after the person's employment by the motor carrier ceases.

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business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

(Completed by Employee/Applicant)

Name of Applicant: _____ Social Security No.: _____

(Completed by Former Employer)

7. Employed from ____/____/____ to ____/____/____ as _____ at wage or salary of

_____.

8. Did he/she drive a motor vehicle for you? _____, Straight Truck? _____, Tractor-Semi trailer? _____, Bus? _____. Other (Please Specify) _____
9. Was he/she a safe and efficient driver? _____
10. Reason for leaving your employ: Discharge _____; Resignation _____; Lay Off _____; Military Duty; _____.
11. Was his/her general conduct satisfactory? _____
12. Please advise of past driving record if available for the past three years

Confidential Report of Personal Reference

Please indicate your opinion by placing a check mark in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks

Signature _____

Title _____

Date _____

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business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

(Completed by Employee/Applicant)

Name of Applicant: _____ Social Security No.: _____

(Completed by Former Employer)

13. Employed from ____/____/____ to ____/____/____ as _____ at wage or salary of

_____.

14. Did he/she drive a motor vehicle for you? _____, Straight Truck? _____, Tractor-Semi trailer?
 _____, Bus? _____. Other (Please Specify) _____
15. Was he/she a safe and efficient driver? _____
16. Reason for leaving your employ: Discharge _____; Resignation _____; Lay Off _____;
 Military Duty; _____.
17. Was his/her general conduct satisfactory? _____
18. Please advise of past driving record if available for the past three years

Confidential Report of Personal Reference

Please indicate your opinion by placing a check mark in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks

Signature _____

Title _____

Date _____

For the prospective employer's record, maintain this information in the Driver Qualification File for 3 years after the person's employment by the motor carrier ceases.

MOTOR VEHICLE DRIVER'S Certification of Violations/Annual review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each Motor Carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation, which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver:	Social Security Number	Date of Employment ____/____/____	
Home Terminal	Driver's License Number	State ____	
Expiration Date ____/____/____			
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. If you have had no violations, mark the following box - <input type="checkbox"/>			
Date	Offense	Location	Type of Vehicle Operated
____/____/____			
____/____/____			
____/____/____			
____/____/____			
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past twelve months.			
Date of Certification ____/____/____		Drivers Signature _____	

COMPLETED BY THE MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review of the Certification of Violations listed above and the other information described in section 391.25 of the Federal Motor Carrier Safety regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
 Is disqualified to drive a motor vehicle pursuant to Section 391.15

 Does not adequately meet satisfactory safe driving performance

Action taken with the driver _____

Reviewed by: _____
 Signature Date

 Printed Name Title

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

UNITED PRAIRIE AG LLC
MOTOR VEHICLE DRIVER'S

CERTIFICATION OF COMPLAINEE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the Next Business Day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued the license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License _____ State _____ Exp. Date ____/____/____

DRIVER'S CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date ____/____/____

Notes: _____

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieve from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. **NOTE:** Hours for any compensated work during the preceding 7 days, including work for a noon-motor carrier entity, must be recorded on this form.

Driver Name _____

Social Security Number _____

Drivers License: State _____ Number _____ Class _____ Endorsements _____

Restrictions _____ Type of License _____

Issuing State _____

Day	1 (Yesterday)	2	3	4	5	6	7	Total Hours
Date								
Hours Worked								

I hereby certify that the information above is correct to the best of my knowledge and belief, and that I

was last relieved from work at _____ A.M or P.M. On _____
Time Day Month Year

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in section 396.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? YES NO

At this time do you intend to work for another employer while still employed by this company. YES NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employers(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness: _____
Company Representative

Date

UNITED PRAIRIE AG LLC 1125 W. OKLAHOMA ULYSSES KS 67880

DRUG AND ALCOHOL TESTING PROGRAM PARTICIPATION, VERIFICATION FORM

TO BE COMPLETED BY EMPLOYEE/APPLICANT

49CFR, part 40.25 of the US Department of Transportation regulations requires employers, who hire or transfer applicant/employees to safety sensitive positions, to obtain from previous employers, pursuant to consent, information concerning the applicant/employee's drug and alcohol testing records for the past two (2) years.

I, _____ Social Security Number _____ - _____ - _____
(Applicant/Employee name)

have made application for hire or transfer on ____/____/____ and give consent to:
(Date of Application)

Previous Employers Name _____
Address _____
City, State, Zip _____
Telephone Number _____

TO BE COMPLETED BY FORMER EMPLOYER

To provide information concerning my drug and alcohol testing records for the past two (2) years, from the date above, in compliance with 49CFR, part 40.25.

1. Did the employee perform for you safety sensitive work as defined by DOT regulations? _____
2. Do you have any knowledge of any alcohol test with a result of 0.04 or higher alcohol concentration in the past two years? _____ If yes what was the date? ____/____/____
3. Do you have knowledge of any verified positive drug tests in the past two years? _____. If yes what was the date? ____/____/____
4. Do you have knowledge of any refusals to be tested in the past two years (including verified adulterated or substituted drug test results)? _____ If yes what was the date? ____/____/____
5. If the answer to any question 2 – 4 is yes, please send information concerning the Substance Abuse Professional (SAP) assessment and treatment, letter of treatment completion, return-to-duty test, and follow-up testing plan and completed tests. 49CFR, part 40.25(h) requires you to provide this information.

Name and title of person completing this form: _____
Name Title

Telephone Number Date ____/____/____

Applicant/Employee Signature _____ Date ____/____/____

DRIVER PROGRAM PARTICIPATION VERIFICATION AND RELEASE FORM

Under CFR 49 part 382.301, Employers may obtain from previous employers, pursuant to a driver's consent, any of the information concerning the driver, which is maintained under CFR 49 part 382.301(b) by the driver's previous employers.

TO BE COMPLETED BY APPLICANT OR EMPLOYEE

Former Employer Name: _____

Location: _____
(Street) (City) (State) (Zip)

I, _____, hereby authorize the testing program named herein to release pertinent information regarding drug and alcohol tests performed on myself for an employer and/or the FMCSA.

Driver's Signature Date ____/____/____

DRUG AND ALCOHOL TESTING PROGRAM:

Name: _____ Telephone No: _____

Location: _____
(Street) (City) (State) (Zip)

Contact: _____
(Name) (Title)

TO BE COMPLETED BY FORMER EMPLOYER

The above named driver: Participates Does not participate, in the above named program.

Dates of participation: From ____/____/____ to ____/____/____

Has the driver ever refused a drug or alcohol test: Yes No

This driver: is is not qualified to drive a commercial vehicle.

Please Complete the Test Result Information Below: (Begin with the most recent test.)

Circle your response

Date of Test	Result of Test	Type of Test
____/____/____	Negative or Positive	Alcohol or Drug or Both
____/____/____	Negative or Positive	Alcohol or Drug or Both
____/____/____	Negative or Positive	Alcohol or Drug or Both
____/____/____	Negative or Positive	Alcohol or Drug or Both

Verified by: Name: _____ Title: _____ Date: ____/____/____