NH-2.1

FARMERS Co-op Elevator
Rushford • Houston • Caledonia • Spring Grove

308 South Elm Street; PO Box 604; Rushford, MN 55971

COMMERCIAL DRIVER APPLICATION (§391.21)

Please Print

Legal Name: _____ Social Security Number: _____
(First, Middle, Last)

Address: _____
(Present address, include street, city, state & zip code)

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____

Relationship: _____ Emergency Contact Home Number: _____

Emergency Contact Cell Phone Number: _____ Emergency Contact Work Number: _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

Dates	Street Address	City	State	Zip Code

Driver's License Information: Please include your CURRENT, valid license, and the past 3 years including permits.

State	Driver's License Number	Class & Endorsements	CDL Class Y/N		Expiration Date
			YES	NO	
			YES	NO	

DRIVING EXPERIENCE & CDL DATE

Due to **Sub-Part E Entry Level Driver Training Requirements – Part 380** this information is ***required***.

MY CDL LICENSE was FIRST OBTAINED ON:	Month	Day	Year

Please include the type of equipment operated (such as buses, trucks, tractors, semi-trailers, full trailers, and pole trailers).

Type of vehicle driven	Period of Time	Nature & Extent

MOTOR VEHICLE ACCIDENTS – LAST 3 YEARS

List all motor vehicle accidents in which you were involved in the past 3 years preceding the date that the application is submitted.
If none, please write NONE.

1. Date	Location	Details	Fatalities	Injuries

2. Date	Location	Details	Fatalities	Injuries

NH-2.2

TRAFFIC VIOLATIONS – LAST 3 YEARS

List all Traffic Violations (other than parking violations) of which you were convicted or forfeited bond or collateral in the past 3 years.
If none, please write NONE.

Date	Violation	State	In Commercial Vehicle (Y/N)
			YES NO
			YES NO
			YES NO

REVOCATIONS & SUSPENSIONS

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

☐ **Yes** ☐ **No**

If yes, please provide detail:

Date	State	Violation	Explanation

EDUCATION

Type of School Atttended	School Name & Location	Did you graduate? Yes/No	Diploma/Degree	Grade Point Average	Major Course of Study
High School: circle highest grade completed 9 10 11 12					
Technical or Vocational					
College or University					
Graduate School					
Professional Seminars, or Additional Training					

EMPLOYMENT HISTORY

List all employment history for the past 10 years. **All gaps in employment must be accounted for.** If there is any time frame of **unemployment** or **self employment** please list. If you were an owner/operator, list carriers leased to. **This is a DOT requirement** §391.21 (b)(10 & 11).

****You must include the COMPLETE address including street, city, state, zip code and phone number****

1. Employer		Dates Employed From / To (mm/dd/yyyy)	Work Performed:		
Address:		From: To:			
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting: Final:	**I was subject to FMCSR rules while employed at this company:**	**YES**	**NO**
Reason for Leaving:			**I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:**	**YES**	**NO**

2. Employer		Dates Employed From / To (mm/dd/yyyy)	Work Performed:		
Address:		From: To:			
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting: Final:	**I was subject to FMCSR rules while employed at this company:**	**YES**	**NO**
Reason for Leaving:			**I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:**	**YES**	**NO**

NH-2.3

EMPLOYMENT EXPERIENCE CONTINUED

List all employment history for the past 10 years.

****You must include the COMPLETE address including street, city, state, zip code and phone number****

3. Employer		Dates Employed From / To (mm/dd/yyyy)	Work Performed:		
Address:		From: To:			
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting: Final:	**I was subject to FMCSR rules while employed at this company:**	**YES**	**NO**
Reason for Leaving:			**I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:**	**YES**	**NO**

4. Employer		Dates Employed From / To (mm/dd/yyyy)	Work Performed:		
Address:		From: To:			
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting: Final:	**I was subject to FMCSR rules while employed at this company:**	**YES**	**NO**
Reason for Leaving:			**I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:**	**YES**	**NO**

5. Employer		Dates Employed From / To (mm/dd/yyyy)	Work Performed:		
Address:		From: To:			
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting: Final:	**I was subject to FMCSR rules while employed at this company:**	**YES**	**NO**
Reason for Leaving:			**I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:**	**YES**	**NO**

6. Employer		Dates Employed From / To (mm/dd/yyyy)	Work Performed:		
Address:		From: To:			
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting: Final:	**I was subject to FMCSR rules while employed at this company:**	**YES**	**NO**
Reason for Leaving:			**I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:**	**YES**	**NO**

7. Employer		Dates Employed From / To (mm/dd/yyyy)	Work Performed:		
Address:		From: To:			
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting: Final:	**I was subject to FMCSR rules while employed at this company:**	**YES**	**NO**
Reason for Leaving:			**I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:**	**YES**	**NO**

8. Employer		Dates Employed From / To (mm/dd/yyyy)	Work Performed:		
Address:		From: To:			
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting: Final:	**I was subject to FMCSR rules while employed at this company:**	**YES**	**NO**
Reason for Leaving:			**I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:**	**YES**	**NO**

Use backside of sheet for additional employers

NH-2.4

SPECIALS SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

As a prospective driver employee, you have the right to review information provided by previous employers per §391.23(i). You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer: the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

MOTOR VEHICLE REPORT DISCLOSURE & AUTHORIZATION TO RELEASE INFORMATION

I am aware that a consumer report, (motor vehicle record) will be obtained on me in the course of consideration for employment and at any time throughout my employment.

Any documents/records obtained pursuant to this authorization may be disclosed to any insurance carrier or prospective insurance carrier of the entity to which I am applying for employment and/or to whom I am currently employed. I understand that this may result in that insurance entity obtaining motor vehicle/driver history information on me.

By signing this application I hereby authorize, without reservation, any party, state, or agency contacted by Denspri, LLC, to furnish the above mentioned information.

By signing this application I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

CERTIFICATION

"This certifies that the 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 understand that if I am employed, false statements may result in dismissal. I authorize **Farmers Coop Elevator Company** to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and controlled substance test is required for certain classifications.

_____ _____

Applicant's Signature Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Farmers Co-op Elevator Co. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Farmers Co-op Elevator Co. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015