

# DUNKERTON COOPERATIVE ELEVATOR

509 WEST DUNKERTON STREET

DUNKERTON, IOWA 50674

319-822-4291

## DRIVER'S APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_  
(Required for truck drivers)

ADDRESS COVERING THE PAST THREE YEARS:

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Have you worked for the company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Rate of new pay expected \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS-----DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 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 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE	VIOLATION	STATE	CMV	
			YES	NO

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

### EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

LAST EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

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EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

**TO BE READ AND SIGNED BY APPLICANT**

*I authorize you to make investigations (including contacting current or prior employers) into my personal, employment, financial, medical history pertaining to drug/alcohol testing results, motor vehicle record, drivers license, accident history and/or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries 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 discharge. I also understand that that I am required to abide by all rules and regulations of the company.*

*I understand that the information provided regarding my current and/or prior employment maybe used for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to*

*\*Review information provided by current/previous employers*

*\*Have errors in the information corrected by previous employers, and for those previous employer(s) to resend the correct information to the prospective employer*

*\*Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.*

*I understand that an offer of employment as a driver is contingent on my passing a DOT pre-employment drug and alcohol test and failure to pass such a test will result in revocation of offer/employment and absolves the company of further employment liability.*

*Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.*

**CERTIFICATION**

"I certify 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.

\_\_\_\_\_  
 Applicant's Signature      Date

\_\_\_\_\_  
 Signed

