

**O.K. COOPERATIVE GRAIN AND MERCANTILE COMPANY
APPLICATION FOR DRIVING EMPLOYMENT**

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ - _____ - _____ Date of Birth ____/____/____

Applicant Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Contact Phone Number: _____

ADDRESSES FOR THE PAST THREE YEARS

Address: _____
Street City State Zip Code

Address: _____
Street City State Zip Code

Address: _____
Street City State Zip Code

Are you authorized to work in the U.S.? Yes No Referred by: _____

State the name of any relatives, other than spouse, already employed by this company. _____

POSITION DESIRED

Position: _____ Date you can Start: _____ Salary desired: _____

Have you previously worked for this company? Yes No If so, from _____ to _____

Reason for leaving: _____ Former supervisor(s) at this company: _____

How did you learn of this opening: _____

EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: _____

Other special skills: _____

Activities (Civic, athletic, etc.) in which you participate: _____

(Exclude organizations, the name or character of which indicates the race, religion, creed, color, national origin, or disabilities of its members.)

Have you ever been convicted of a crime? * Yes No

If yes, give details, including date(s):

*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.

EXPERIENCE & QUALIFICATIONS (ATTACH SHEET IF MORE SPACE NEEDED)

	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 giving 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 THE PAST THREE YEARS OR MORE

Dates	Nature of Accident	Fatalities	Injuries

TRAFFIC CONVITIONS FOR PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: SHOW ALL EMPLOYMENT FOR THE PAST THREE YEARS AND ALL COMMERCIAL DRIVING EXPERIENCE FOR THE PAST TEN YEARS.

Last Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

Starting Salary: _____ Final Salary _____

Second Last Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

Starting Salary: _____ Final Salary _____

Third Last Employer: _____ Address: _____
 From _____ To _____ Position Held: _____
 Reason for Leaving: _____ Duties: _____
 Manager's Name & Title: _____
 Starting Salary: _____ Final Salary _____

Fourth Last Employer: _____ Address: _____
 From _____ To _____ Position Held: _____
 Reason for Leaving: _____ Duties: _____
 Manager's Name & Title: _____
 Starting Salary: _____ Final Salary _____

Fifth Last Employer: _____ Address: _____
 From _____ To _____ Position Held: _____
 Reason for Leaving: _____ Duties: _____
 Manager's Name & Title: _____
 Starting Salary: _____ Final Salary _____

Sixth Last Employer: _____ Address: _____
 From _____ To _____ Position Held: _____
 Reason for Leaving: _____ Duties: _____
 Manager's Name & Title: _____
 Starting Salary: _____ Final Salary _____

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 & # of Years	Phone Number
			()
			()
			()

TO BE READ AND SIGNED BY APPLICANT

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 understand that any misrepresentation, or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

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.

Date _____ Signature: _____

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