



DRIVER'S APPLICATION FOR EMPLOYMENT

Hull Coop Association is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Notice: Substance and Alcohol testing is required of the applicant driver.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, as required by Sec. 391.23 of the Department of Transportation Regulations.

PERSONAL INFORMATION

Date of Application: _____ Social Security Number: _____ - _____ - _____

Applicant Name: _____
Last First Middle

Present Address: _____ Dates: _____
Street City State Zip Code From To

Phone Number: () _____ - _____ Date of Birth: ____/____/____
(Required for Truck Drivers)

Can you provide proof of age? [] Yes [] No Are you currently employed now? [] Yes [] No

Email Address: _____

Addresses for the past three (3) years:

Previous Address: _____ Dates: _____
Street City State Zip Code From To

Previous Address: _____ Dates: _____
Street City State Zip Code From To

Email address: _____

Are you legally eligible for employment in the United States? [] Yes [] No

Position Desired: _____

When will you be available to begin work? _____ Salary Desired: _____

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

Position: _____ Rate of Pay: _____

Reason for leaving: _____

Former supervisor(s) at this company: _____

How did you learn of this opening? _____

Who referred you? _____

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

Have you ever been convicted of a felony?* 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.

EDUCATION

Name and Location of School	Did you Graduate?	Subjects Studies and Degree(s)
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: _____

Other special skills: _____

DRIVER'S LICENSES FOR THE PAST THREE (3) YEARS
(All driver's licenses for past three years must be shown)

License Number	State	Class	Endorsements	Restrictions	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From/To	Approximate Number of Miles/Hours
Straight Truck			
Tractor & Semi-Trailer			
Twin Trailers			
Material Handling Equipment			
Other			

List states operated in for last five (5) 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 you can work with (other than those already shown) _____

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	Dates	Nature of accident (Head-on, Rear-end, Roll-over, etc.)	Fatalities	Injuries/Non Injury
Last accident				
Next previous				
Next previous				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH A SHEET IF MORE SPACE IS NEEDED)**

Date	Where	Violation (charge)	Penalty

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

If yes, where? _____ When? _____

Is your license to drive suspended or revoked at this time, in any state? Yes No

If yes, where? _____ When? _____

Has ANY license, permit or driving privilege EVER been suspended or revoked? Yes No

If yes, where? _____ When? _____

Is your driving privilege limited in any way, such as probation, area operation, limitations of hours, etc., at this time? Yes No

If yes, why? _____

Are you familiar with DOT Motor Carrier Safety Regulations? Yes No

Do you agree to follow them? Yes No

List all unexpired commercial driver's licenses:

State _____ Expiration Date _____ License Number _____

State _____ Expiration Date _____ License Number _____

EMPLOYMENT RECORD

NOTE: DOT requires that employment for at least three (3) years and/or Commercial Driving Experience for the past 10 years be shown.

Last Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City State Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? Yes No

List type of Commercial Motor Vehicle or Equipment operated for this employer: (Tractor, Bobtail, Straight Truck, Applicator, Forklift, etc.) _____

Employer: _____ Position Held: _____

Address: _____ From _____ to _____
Street City State Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? Yes No

List type of Commercial Motor Vehicle or Equipment operated for this employer: (Tractor, Bobtail, Straight Truck, Applicator, Forklift, etc.) _____

Employer: _____ Position Held: _____

Address: _____ From _____ to _____
Street City State Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____ May we contact: Yes No

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? Yes No

List type of Commercial Motor Vehicle or Equipment operated for this employer: (Tractor, Bobtail, Straight Truck, Applicator, Forklift, etc.) _____

DOT 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 drug and/or alcohol test? Yes No

Have you ever refused to test on a DOT-approved drug and/or alcohol test? Yes No

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Phone Number	How Acquainted	Years Acquainted

APPLICANT'S STATEMENT

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, I have not withheld any facts or circumstances. Hull Cooperative Association may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge if I am hired. Similarly, any false or misleading information provided in post-offer questionnaires or medical examinations will result in discharge regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL. BOTH HULL COOPERATIVE ASSOCIATION AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.** I further agree that, if employed, I will conform my conduct to Hull Cooperative Association's rules, regulations, and personnel policies.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by Hull Cooperative Association to determine whether I qualify for the position being considered. I authorize Hull Cooperative Association to make a thorough investigation of my past employment, education, and job-related activities, and I release from liability all persons, companies, and corporations supplying such information. I also indemnify Hull Cooperative Association against any liability that might result from making such an investigation.

Applicant's Signature

Date