



DRIVER APPLICATION FOR EMPLOYMENT PACKET

We would like to Thank You for your interest in seeking employment at Synergy Cooperative. It is our belief that each employee contributes directly to our success and takes pride in being a member of our team. Our mission is to be our customers preferred partner through innovative products and services. If after our review process, your experience and expectations seem to match those of the position we want to fill, we will contact you to discuss the possibility of employment with Synergy Cooperative.

Pre-Employment Hiring

All potential employees of Synergy Cooperative must complete ALL DOCUMENTS in the Driver's Application for Employment Packet. The packet contains: an application for employment, "release of information forms" which allow Synergy Cooperative to obtain information regarding past driving records, employment dates and duties, along with drug and alcohol test information from all previous employers within the preceding two years and Synergy Cooperative's Drug and Alcohol Policy.

CDL Endorsement

Synergy Cooperative has concern for the safety, health and well-being of its employees as well as an obligation to comply with the Department of Transportation (DOT) regulations. As a condition of employment, Synergy Cooperative requires all employees to possess a valid CDL before active employment may begin.

Should you have any questions, please feel free to ask for the person in charge of the position you are applying for. Again, thank you for your application and the best of luck to you.

Driver Application for Employment and Driver Release of Information
(required for operators of commercial motor vehicles)

Company: **Synergy Cooperative**

Street Address: **P.O. Box 155**

City, State, ZIP: **Ridgeland, WI 54763**

GENERAL INFORMATION

Full Name _____ Date _____
FIRST MIDDLE LAST

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

Address _____
STREET CITY STATE ZIP CODE

Have you lived at the above address for (3) years or more? Yes No
 If "no" please provide all addresses for the three (3) years preceding the date of this application.

Previous Address 1: _____

Previous Address 2: _____

Contact Number _____ Date available for work _____

Alternate Contact Number _____ E-mail (optional) _____

Are you legally authorized to work in the United States? Yes No
 Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? Yes No
 (If hired, verification will be required consistent with federal law.)

How were you referred to Synergy Cooperative? _____

POSITION INFORMATION

Type of work desired? _____ Hourly Rate/Salary range expected (required) _____

Location desired? _____ Applying for: Full-time Part-time Seasonal

SCHEDULE AVAILABILITY

Are You Available to Work:						
Evenings	Weekends	Overtime	Holidays	On Call	Other Locations	Approximate Hours Per Week Preferred
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
Availability: What hours are you available each day?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

EDUCATION/SKILLS/LICENSES

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study, Major, or Degree Obtained
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

I have a valid commercial driver's license (CDL) Yes No If yes, Class: A B C
 Endorsements: Tanker Hazmat
 Other Licenses: Pesticide Applicator Crop Adviser Cert. WI Tank Installer LIC. CETP Propane Cert.

List any other work-related certifications, skills, or licenses you currently possess.

EXPERIENCE & QUALIFICATIONS-DRIVER

Please list all unexpired commercial motor vehicle operator's license(s) or permit(s) the you currently hold.

(Attach sheet if more space is needed)

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 "yes" to either question above, please provide detail including dates:

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. Of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

EMPLOYMENT RECORD

Please list each former employer(s) during the past three (3) calendar years. If you are an applicant to drive a commercial motor vehicle in interstate or intrastate commerce, you must also provide an additional seven (7) years' information about all employers for which you operated such vehicles. (Use additional sheets if necessary.)

Most Recent Employer _____ Employer Address _____ Employer Phone _____ Your Position _____ Supervisor's Name/Title _____ Primary Duties _____ Were you subject to Federal Motor Carrier Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the job you held for this employer designated as a safety-sensitive position that required you to undergo DOT-regulated drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	From _____ To _____ MM/DD/YYYY MM/DD/YYYY Pay _____ Start End Reason for Leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ _____
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Previous Employer _____ Employer Address _____ Employer Phone _____ Your Position _____ Supervisor's Name/Title _____ Primary Duties _____ Were you subject to Federal Motor Carrier Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the job you held for this employer designated as a safety-sensitive position that required you to undergo DOT-regulated drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	From _____ To _____ MM/DD/YYYY MM/DD/YYYY Pay _____ Start End Reason for Leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ _____
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Have you worked for this company before?
 Yes No If yes, at what location? _____ Job title: _____

Do you have any friends or relatives working for Synergy Cooperative?
 Yes No If yes list name, location, relationship _____

Have you signed or otherwise agreed to any non-solicitation, non-competition or other similar agreement with any prior employer?
 Yes No If yes, explain: _____

Please account for any gaps of employment. _____

ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects or any other information that will assist us in considering your application for employment. _____

BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended or asked to resign from any position?

Yes No If yes, please explain. _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No If yes, specify name. _____

TRAFFIC CONVICTIONS FOR PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

(ATTACH SHEET IF MORE SPACE NEEDED)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

PROFESSIONAL REFERENCES

List three professional references that we may contact:

Name _____	Telephone No. _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. _____
E-mail Address _____	Type of Acquaintance _____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with Synergy Cooperative. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Synergy Cooperative. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check. _____ Initials

I hereby certify that the information given by me is true in all respects. I authorize Synergy Cooperative and its representatives to contact my prior employers and all others (with the exception of my current employer, only if I have marked "May we contact?" on page 3 of this application as "No") for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested. _____ Initials

I understand employment with Synergy Cooperative is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____ Initials

I hereby certify that, if employed, my employment with Synergy Cooperative will not conflict with, or result in the violation of, breach of, or default under, any contract, agreement or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any. _____ Initials

I hereby certify that, if employed, my employment with Synergy Cooperative will not violate any non-solicitation, non-competition or other similar covenant or agreement I have with any of my prior employers, other than those I have disclosed in this application, if any. _____ Initials

I hereby certify that, if employed, I will report to my supervisor, a representative of HR or other member of management, if I am ever harassed by someone in the company or if I ever become aware of any unethical behavior by any employee. _____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (Synergy Cooperative or me) without prior notice to the other, unless otherwise prohibited by law. _____ Initials

I understand that no representation, whether oral or written, by any representative or agent of Synergy Cooperative, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of Synergy Cooperative has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative. _____ Initials

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify you from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

Note: An offer of employment is conditioned upon complying with Synergy Cooperative's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background investigation.

This application is valid for 30 days from the date signed/dated below. Consideration for employment after 30 days requires a new application. CDL Applicants must complete a Driver Application in addition to this employment application form to be considered for employment.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____

MOTOR VEHICLE RECORD DISCLOSURE AND RELEASE

In connection with my ongoing employment or my application for employment, should I have or secure a position with Synergy Cooperative, I understand that a motor vehicle record which contains public information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies which maintain such records; as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to:
Synergy Cooperative

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Synergy Cooperative's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full Legal Name (Include Middle Initial)

Social Security Number

Driver's License Number

Signature

Date

Adverse Action Procedures

Even if not a **major** factor, if MVR contributes to an "adverse action" denying a job application, reassigning or terminating an employee or denying a promotion, the employer must follow these steps:

Step 1: **Before** taking the adverse action, the individual must be given a **pre-adverse action disclosure** that includes a copy of the individual's MVR and copy of the "A summary of your rights under the fair credit reporting act."

Step 2: **After** taking an adverse action, the individual must be given notice orally, in writing, or electronically, that the action has been taken in an **adverse action notice**. It must include:

- The name, address and phone number of the agency that supplied the report;
- A statement that the agency that that supplied the report did not make the decision to make the adverse action and cannot give specific reasons for it;
- A notice of the individual's right to dispute the accuracy or completeness of any other information the agency furnished and his or her right to an additional free report from the agency upon request within 60 days.

MOTOR VEHICLE RECORD DISCLOSURE AND RELEASE
Important – Please Read

I have applied for a safety sensitive position with Synergy Cooperative. By my signature below, I authorize Synergy Cooperative to obtain information from my Department of Transportation regulated drug and alcohol testing records and safety performance information from my previous employer(s), and to otherwise verify the information contained in this application.

I understand that information to be released by my previous employer(s) will include the following:

1. General driver information and employment verification;
2. Information regarding former vehicular accidents;
3. Other violations of DOT agency drug and alcohol testing regulations;
4. Information obtained from previous employers of drug and alcohol rule violation;
5. For drivers successfully completing rehabilitation and remaining in the employ of former employer; (a) alcohol tests with a result of 0.04 or higher; (b) verified positive drug tests; or (c) any refusal to be tested; and
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

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.

Signature

Date

Applicant Name (Print)

NOTICE TO APPLICANT
(PLEASE READ CAREFULLY)

You have applied for a position with Synergy Cooperative that is defined by law as a safety sensitive position. By your signature on your application for employment, you give Synergy Cooperative the right to (1) contact each employer for whom you worked during the three (3) years prior to the date of your application for employment with Synergy Cooperative; and (2) obtain information from your previous employer(s) about your safety, accident and drug and alcohol testing record(s).

By your signature below, you also acknowledge that Synergy Cooperative has provided you with the following list of rights that Federal law and corresponding regulations provide you, relating to your application for employment with Synergy Cooperative for a safety sensitive position, related to the release of information to Synergy Cooperative from your previous employer(s).

1. The information provided by you and by your previous employer(s) will be used to investigate and access your safety performance history in accordance with 49 CFT par 391.23 (d) and (e);
2. You have the right to review the information provided by your previous employer(s);
3. You have the right to petition your previous employer(s) to correct errors in the information provided by those employer(s); and
4. You have the right to file a rebuttal statement to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information.

Signature

Date

Applicant Name (Print)

Former Employer Information Form

Date: _____

_____ (“The applicant”) has applied for a safety sensitive position with Synergy Cooperative. The applicant has identified your company as a former employer.

In accordance with DOT regulations 49 CFT Part 391, sec. 391.23, the applicant has authorized release of information from his/her Department of Transportation regulated drug and alcohol testing records and safety performance information.

Please base your response from three years prior to the date of the employee’s signature above and return to Synergy Cooperative at fax numbers, mailing address, OR email address listed below. Your prompt attention to responding to this request as required in 49 CFR 391.23(g) is greatly appreciated.

1. Was this person employed by you in a DOT safety sensitive position?
_____ Yes _____ No *If you answered “yes” to question 1, what position did the employee hold?*

2. When was the applicant employed by you? From _____ To _____

3. Was this driver’s safety performance history acceptable?

_____ Yes _____ No *If you answered “no” please explain:*

4. Has this driver had any accidents as defined by 49 FR 390.5?
_____ Yes _____ No *If you answered “yes” please provide a copy of your accident register for the accident(s).*

5. Did the employee violate any provisions of the DOT agency drug and alcohol testing regulations?

_____ Yes _____ No *If you answered “yes” please explain:*

6. At any time, did the driver test positive for controlled substances; test positive for alcohol (test result of 0.04 or higher); or refuse to be tested for either controlled substances or alcohol? _____ Yes _____ No

7. If you answered "yes" to question 6, did the employee complete the return-to-duty process?
 _____ Yes _____ No _____ Not Sure *If you answered "yes" you must also transmit the appropriate return-to-work documentation (e.g., Substance Abuse Professional report(s), follow-up testing records, etc.)*
8. Following successful rehabilitation, did the driver test positive for controlled substances; test positive for alcohol (test result of 0.04 or higher); or refuse to be tested for either controlled substances or alcohol.
 _____ Yes _____ No _____ N/A *If you answered "yes", you must provide the previous employer's report.*

Name of person responding to questions 1-9 (Please Print):

Name: _____

Title: _____ Phone Number: _____

Company Name: _____

 Signature of person responding
 To questions 1-9

 Date

You may return this form to SYNERGY COOPERATIVE via Fax, US Mail, or Email:

1. By Fax: Synergy Cooperative
 Attn: HR
 715-357-6592
2. By Mail: Synergy Cooperative
 Attn: HR
 PO Box 118
 Alma, WI 54739
3. By Email: trinas@synergycoop.com

NOTICE: A Copy of the driver's Release and Certification of Accuracy (Part 2 of the application) must be provided to each previous employer who is sent this form.