



Trinity Ag Cooperative, Inc.

Employment Application

DOT Positions

Trinity Ag Cooperative, Inc 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, arrest record or any other characteristic protected by federal, state, and/or local laws. No question on this application is intended to secure information for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain effective for thirty (30) days or until the position is filled.

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Mobile Phone: _____ Email: _____

How do you prefer to be contacted regarding your employment application? ☐ Phone call ☐ Text ☐ Email

Please list any other address for the past three (3) years:

Address: _____
Street City State ZIP Code

Address: _____
Street City State ZIP Code

Address: _____
Street City State ZIP Code

Position Desired: _____

Date Available: _____ Hourly Rate/Salary Desired: _____

Are you presently employed? ☐ YES ☐ NO If yes, may we contact your employer? ☐ YES ☐ NO

If presently employed, why are you considering leaving? _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?
☐ YES ☐ NO

If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer or Human Resources before answering the question.

Are you available to work: ☐ Days ☐ Nights ☐ Weekends
☐ Full Time ☐ Part Time
Please Explain: _____

How were you referred to the company? _____

Do you have any relatives who work for this company? ☐ YES ☐ NO

If yes, please list their name and work location: _____

Are you legally eligible to be employed in the United States? ☐ YES ☐ NO
Proof of eligibility will be required upon employment

Are you 18 years of age or older?

☐ YES

☐ NO

If yes, are you 21 years of age or older?

☐ YES

☐ NO

Proof of age may be required

Have you ever worked for this company before?

☐ YES

☐ NO

If yes, where: _____

When: _____

Title: _____

Supervisor: _____

Reason for leaving: _____

Have you ever been convicted of a crime?

☐ YES

☐ NO

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 law.

If yes, explain: _____

Education

| | Name and Location of School | Course of Study | Number of years Completed | Diploma or Degree Received |
|-------------------------------------|--------------------------------|-----------------|------------------------------|-------------------------------|
| High School | | | | |
| College or University | | | | |
| Trade, Business, or other School | | | | |

Other education, training, or special skills: _____

Driving Experience

DRIVER LICENSE QUALIFICATIONS

| | 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 providing 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

| Date | Nature of Accident | Fatalities | Injuries |
|------|--------------------|------------|----------|
| | | | |
| | | | |
| | | | |

TRAFFIC CONVICTIONS FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

| Date | Location | Charge | Penalty |
|----------------|----------|--------|---------|
| Driver License | | | |
| Driver License | | | |
| Driver License | | | |

Previous Employment

Include your last three (3) years of employment history and past ten (10) years of commercial driving experience, starting with the most recent and working backward in time. Please include military service as work experience. Attach a separate sheet if more space is needed.

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed by the employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed by the employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed by the employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed by the employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed by the employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed by the employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

References

☐ _____ (initial) I voluntarily consent to allow the company and any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand these questions may be about my personal or educational background, work experience, character, or personality.

Please list below the names of three people who are not related to you, whom you have known for at least one year.

| Name | Occupation & Company | Relationship & # of Years | Phone Number |
|------|----------------------|---------------------------|--------------|
| | | | |
| | | | |
| | | | |

Disclaimer and Signature

I certify that the foregoing statements are true and correct. I authorize Trinity Ag Cooperative, Inc. (Company) to make an 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. I release the Company and all providers of information from any liability as a result of furnishing or receiving this information. I understand that failure to reveal any omission or misleading information by me can result in disqualification for employment consideration or, if hired, may be grounds for termination from the Company.

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 the authority to enter into any agreement for employment for any specified period and that any employment manuals or handbooks that may be distributed to me during 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.

Signature: _____

Date: _____

| HR USE ONLY | | | |
|-------------|--|----------|--|
| Hire Date | | Rate | |
| Title | | Manager | |
| Department | | Location | |