



*"Providing for your Future"*

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211 S. Lincoln Street • PO Box 37 • Brainard, NE 68626-0037  
Toll Free: 800.869.0379 • Ph: 402.545.2811 • Fax: 402.545.2821  
[www.frontiercooperative.com](http://www.frontiercooperative.com)

## **(Non-DOT)Employment Application Form**

All potential employees are evaluated without regard to race, religion, age, gender, national origin or marital status.

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile

E-Mail: \_\_\_\_\_

Have you ever been convicted of a felony or Misdemeanor? If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Do you have your own transportation to and from work (yes/no): \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**From-To (date)   Company Name:                      Position:                      Reason for leaving:                      Contact Phone #:**


**REFERENCES:**

**Name:    Relationship:    Telephone Number:**


**SKILLS:**

**Equipment (example track hoe operator):**

**Years of Experience:**



We will do a back ground check which may include criminal record, employment history, driving record and will check all references listed on this application.

As part of our employment procedures it is necessary for all employees to; read and sign company alcohol and drug policy, agree to random drug testing, read and sign company safety manual & Employee policy hand book, complete and sign company ability questionnaire and agree to 60 day probation period.

**Ability Questionnaire:** this job is physically demanding and you may be required to be able to do the following. You may be asked to get a physical before being hired for this job.

	Yes/NO	Comments
Work in confine spaces :	_____	_____
Work at heights:	_____	_____
Climb a ladder:	_____	_____
Walk over rough terrain:	_____	_____
Crouch or Kneel for lengthy periods:	_____	_____
Lift 50lbs. without trouble:	_____	_____
Use hand or power tools:	_____	_____
Work with both hands above head:	_____	_____
Stand or sit for long periods of time:	_____	_____
Be able to wear protective equipment: (Respirator, hard hat, safety glasses, protective footwear/clothing, ear protection)	_____	_____

I have answered all questions on this application truthfully, honestly and to the best of my knowledge. I understand the requirements and by signing this form agree to all requests on this form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)