

**WHEATON-DUMONT COOP ELEVATOR**  
**6587 U.S. Highway 75, Wheaton, MN 56296**

4.1

Location:

**APPLICATION FOR EMPLOYMENT AS A TRUCK DRIVER (§391.21)**

**Full Legal Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Present address, include street, city, state & zip code) PLEASE PRINT CLEARLY

**Date of Birth** \_\_\_\_\_ **Position applied for** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

**How long at above address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**\*\*Previous addresses for 3 years preceding the date of this application**

Dates (list)	Street Address	City	ST	Zip

**DRIVER LICENSE INFORMATION FMCSA REQUIRED INFORMATION**

List DRIVER'S LICENSE NUMBER & following information. Please include your CURRENT, valid license plus past 3 years including permits.

State	Driver's License Number	Class and Endorsements	CDL Class Y/ N (Put X) required				Expiration Date
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

**CDL DATE REQUIRED**

**MY CDL (Commercial A or B or C) LICENSE was FIRST OBTAINED ON:**

**MONTH** \_\_\_\_\_ **DAY** \_\_\_\_\_ **YEAR** \_\_\_\_\_

Need date the CDL license (Commercial A or B or C) was first obtained. The nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated.

**CMV DRIVING EXPERIENCE**

Type of Equipment	Period of Time	Nature and Extent

**MOTOR VEHICLE ACCIDENTS**

List all motor vehicle accidents in which you were involved during the last 3 years preceding the date that the application is submitted. Please include the date, location, nature of accident, fatalities or personal injuries.

**If NONE-check box** ☐ **No-accidents in past 3 years.** Use additional paper if necessary.

**Date incident occurred:** \_\_\_\_\_ **Location** \_\_\_\_\_

**Details:** \_\_\_\_\_

**Date incident occurred:** \_\_\_\_\_ **Location** \_\_\_\_\_

**Details:** \_\_\_\_\_

4.2	<b>EDUCATION</b>			
<b>Type of School Attended</b>	<b>School name and location</b>	<b>Did you graduate</b> YES/ NO	<b>Diploma/ Degree</b>	<b>Major Course of Study</b>
High School: select highest grade finished <b>9 10 11 12</b>				
Technical or Vocational				
College or University				
Graduate School				
Professional Seminars, or Additional Training				

<b>EMPLOYMENT EXPERIENCE</b>
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List names and addresses where you were **employed during the last 10 years**. **"This is a DOT requirement."** (391.21(10811))  
**\*\*You must include the complete address including street, city, state, zip code and phone number\*\***

**PRINT CLEARLY. ANSWER EACH SAFETY SENSITIVE QUESTION (YES OR NO) UNDER EACH PAST OR PRESENT EMPLOYER RECORD**

<b>1. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		<b>Work Performed</b>	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>2. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		<b>Work Performed</b>	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>3. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		<b>Work Performed</b>	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>4. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		<b>Work Performed</b>	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>

4.3		<b>EMPLOYMENT EXPERIENCE CONTINUED</b>			
List names and addresses where you were employed during the <b>last 10 years.</b> <b>**You must include the complete address including street, city, state, zip code and phone number**</b>					
<b>5. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>6. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>7. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>8. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>9. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>10. Past Employer</b>		<b>Dates Employed</b> From / TO (mm/dd/yy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	<b>Hourly Rate/ Salary</b> Starting   Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>

**TRAFFIC VIOLATIONS- LAST 3 YEARS**

:

List all motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of this application.

**If NONE: check box**

☐

**No-violations in past 3 years.**

Date	Violation	Location-City and State	In CMV (X box)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**REVOCATIONS AND SUSPENSIONS**

Have you **EVER** had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? ☐ **No** ☐ **Yes** If yes, provide facts and circumstances in detail.

Date	Violation	Explanation

Date	Violation	Explanation

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment and other experience.


**Note: Previous employer(s) may be contacted, and information provided may be used to investigate the applicant's background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.**

(i)(1)(i) The right to review information provided by previous employers.

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (For a more detailed explanation of the driver's rights please see FMCSR 391.23)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **Wheaton-Dumont Coop Elevator** to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

By signing this form, I authorize **Wheaton-Dumont Coop Elevator** to obtain a Motor Vehicle Report pursuant to **§391.23** requirements.

**Applicant's Signature**

**Date**