

FEDERATION COOPERATIVE  
108 N WATER ST  
BLACK RIVER FALLS, WI 54615

An Equal Opportunity Employer



**Application for Employment  
(Drivers Only)**  
This application is good for [180] days.

Applicants are considered for the position specified below, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

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 Department of Transportation Regulations.

Applicant Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Position Applied For \_\_\_\_\_

**(PLEASE PRINT)**

Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Full Middle) \_\_\_\_\_

Address \_\_\_\_\_ (How Long) \_\_\_\_\_  
Street City State Zip Code

**ADDRESSES FOR PAST THREE YEARS**

\_\_\_\_\_ (How Long) \_\_\_\_\_

\_\_\_\_\_ (How Long) \_\_\_\_\_

\_\_\_\_\_ (How Long) \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth (Not Discriminated Against Due to Age): \_\_\_\_\_

**Have you filed an application with our Company before?**  Yes  No

If yes, give date: \_\_\_\_\_ Department: \_\_\_\_\_

**Have you ever been employed with our Company before?**  Yes  No

If yes, give date: \_\_\_\_\_ Department: \_\_\_\_\_

**Are you employed now?**  Yes  No **May we contact your present employer?**  Yes  No

**Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?**  Yes  No

**How many days have you been absent from work in the past year?** \_\_\_\_\_

**Can you lawfully work in this country?**  Yes  No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with federal regulations. Proof of citizenship or immigration status will be required upon employment.

**On what date would you be available for work?** \_\_\_\_\_

**Are you available to work**  Full-Time  Part-Time  Seasonal  Summer Only  Temporary

**What days?**  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Are you on a layoff and subject to recall?**  Yes  No

**Would you be willing to work out of town?**  Yes  No

**Have you been convicted of a felony within the last 7 years?**  Yes  No (Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### **EDUCATION**

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

	High School	Tech School	College/University
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
School Name and Location			
Diploma/Degree			
Describe Course of Study			

## EMPLOYMENT EXPERIENCE

Give a complete record of all employment for the past 10 years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed.

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Name	From	To	
Address			
Telephone (    )			
Job Title	Hourly Rate/Salary _____		
	Starting/Final _____		
Supervisor			
Reason for Leaving			
Were you subject to Federal Motor Carrier Safety Regulations while with this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
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Employer	Dates Employed		Work Performed
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Name	From	To	
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Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

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

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

License No.	State	Class	Endorsements	Restrictions	Expiration Date

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? \_\_\_\_\_ Why? \_\_\_\_\_

Has any license, permit, or privilege to drive EVER been suspended or revoked?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_

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

If yes, why? \_\_\_\_\_ When? \_\_\_\_\_

Are you familiar with D.O.T. Motor Carrier Safety Regulations?  Yes  No

Do you agree to follow them?  Yes  No

List all unexpired commercial drivers' licenses:

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License Number: \_\_\_\_\_

**MOTOR VEHICLE ACCIDENT RECORD**

(List accidents for the past three years)

<b>Date</b>	<b>Where</b>	<b>Nature of Accident (Head-On, Rear-End, Etc.)</b>	<b>Number of Injuries</b>	<b>Fatalities</b>	<b>Type of Vehicle You Were Driving</b>

**MOTOR VEHICLE LAW OR ORDINANCE MOVING VIOLATIONS FROM PAST THREE YEARS**

(It is not required to include violations involving only parking)

<b>Date</b>	<b>Where</b>	<b>Charge</b>	<b>Penalty</b>	<b>Conviction?</b>	<b>Forfeit Bond or Collateral?</b>

**OTHER**

**Will you take an alcohol/drug screen breath/urine test for drug and alcohol or controlled substances?**

Yes  No

**Have you EVER been convicted for use of alcohol?**

Yes  No If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

**Was a vehicle involved?**  Yes  No If yes, what type?  Personal  Commercial

If yes, what charge? \_\_\_\_\_

**Have you EVER been convicted for use or possession of drugs or controlled substances?**

Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

**Was a vehicle involved?**  Yes  No If yes, what type?  Personal  Commercial

If yes, what charge? \_\_\_\_\_

Conviction will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experiences:

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State any additional information you feel may be helpful in considering your application:

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**APPLICANT'S STATEMENT**

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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. The Company 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 SO THAT BOTH THE COMPANY 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 also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company to determine whether I qualify for the position being considered. In addition, I understand a drug or alcohol test is required. I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability that might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the Company deems appropriate.

I have been informed by the Company, and I understand that the information I provide regarding my current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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.

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Applicant's Signature

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Date

**COMPANY USE ONLY**

Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_ Company Representative: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Company Representative: \_\_\_\_\_