

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

(Answer all questions)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) applied for _____ Date of Application _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____

Street City
Phone _____ How long? _____
State Zip Code

Previous
Addresses

Street City State & Zip Code How long? _____

Street City State & Zip Code How long? _____

Street City State & Zip Code How long? _____

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____

Dates: From ____/____/____ To ____/____/____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employer? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might not be able to perform the functions of the job for which you have applied (as described in the positions job description)? If yes explain if you wish. _____

Employment History

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial vehicle motor vehicle* in intrastate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, "X" NONE

DATES	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident ___/___/___			
Next Previous ___/___/___			
Next Previous ___/___/___			
Next Previous ___/___/___			

NONE

TRAFFIC CONVICTIONS AND FORFITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, "X" NONE

LOCATION	DATE	CHARGE	PENALTY
	___/___/___		
	___/___/___		
	___/___/___		
	___/___/___		

NONE

EDUCATION

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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 THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS _____

DRIVING EXPERIENCE IF NONE, "X" NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		EXPIRATION DATE
		FROM	TO	
STRAIGHT TRUCK		__/__/__	__/__/__	
TRACTOR & SEMI-TRAILER		__/__/__	__/__/__	
TRACTOR – TWO TRAILERS		__/__/__	__/__/__	
MOTORCOACH – SCHOOL BUS		__/__/__	__/__/__	
OTHER		__/__/__	__/__/__	
OTHER		__/__/__	__/__/__	

NONE

LIST STATES OPERATED IN THE LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING REWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

TO BE READ AND SIGNED BY THE APPLICANT

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.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all the rules and regulations of the company.

DATE

APPLICANT'S SIGNATURE

Randall Farmers Coop Union

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91 – 508, as amended by the Consumer Credit Reporting ACT of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.23, and 391.25 of the Federal Motor Carrier safety Regulations.

Applicant's Signature

____/____/____
Date

Print Name

Social Security Number

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to **Randall Farmers Coop Union** for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date

Employee/Applicant's Signature

(Completed by Employee/Applicant)

Mail To: (Former Employer)

From: Randall Farmers Coop Union
PO Box 95
Randall, KS 66963

Telephone No. (785) 739-2312 (Office)
Kris Bolte Cell: (785) 569-1055

Fax No. (785) 739-2313

(Mid Kansas Ag representative)

Dear Sir/Madam:

The below named individual has made application to this company for a position as _____ and states that he/she was employed by you as _____ from ____/____/____ to ____/____/____.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

Kristin Bolte
Randall Farmers Coop Union

(Completed by Employee/Applicant)

1. _____, Bus? _____. Other (Please Specify) _____
2. Was he/she a safe and efficient driver? _____
3. Reason for leaving your employ: Discharge _____; Resignation _____; Lay Off _____; Military Duty; _____.
4. Was his/her general conduct satisfactory? _____

5. Please advise of past driving record if available for the past three years

Confidential Report of Personal Reference

Please indicate your opinion by placing a check mark in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks

Signature _____

Title _____

Date _____

For the prospective employer's record, maintain this information in the Driver Qualification File for 3 years after the person's employment by the motor carrier ceases.

MOTOR VEHICLE DRIVER'S Certification of Violations/Annual review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each Motor Carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation, which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver:	Social Security Number	Date of Employment ____/____/____	
Home Terminal	Driver's License Number	State ____	
Expiration Date ____/____/____			
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. If you have had no violations, mark the following box - <input type="checkbox"/>			
Date	Offense	Location	Type of Vehicle Operated
____/____/____			
____/____/____			
____/____/____			
____/____/____			
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past twelve months.			
Date of Certification ____/____/____		Drivers Signature _____	

COMPLETED BY THE MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review of the Certification of Violations listed above and the other information described in section 391.25 of the Federal Motor Carrier Safety regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
 Is disqualified to drive a motor vehicle pursuant to Section 391.15

 Does not adequately meet satisfactory safe driving performance

Action taken with the driver _____

Reviewed by: _____
 Signature Date

 Printed Name Title

Randall Farmers Coop Union 101 Walnut

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

Randall Farmers Coop Union
MOTOR VEHICLE DRIVER'S

CERTIFICATION OF COMPLAINEE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the Next Business Day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued the license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License _____ State _____ Exp. Date ____/____/____

DRIVER'S CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date ____/____/____

Notes: _____

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieve from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a noon-motor carrier entity, must be recorded on this form.

Driver Name _____

Social Security Number _____

Drivers License: State _____ Number _____ Class _____ Endorsements _____

Restrictions _____ Type of License _____

Issuing State _____

Day	1 (Yesterday)	2	3	4	5	6	7	Total Hours
Date								
Hours Worked								

I hereby certify that the information above is correct to the best of my knowledge and belief, and that I

was last relieved from work at _____ A.M or P.M. On _____
Time Day Month Year

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in section 396.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? YES NO

At this time do you intend to work for another employer while still employed by this company. YES NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employers(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness: _____
Company Representative

Date

Randall Farmers Coop Union
101 Walnut
Randall, KS 66963

DRUG AND ALCOHOL TESTING PROGRAM PARTICIPATION, VERIFICATION FORM

TO BE COMPLETED BY EMPLOYEE/APPLICANT

49CFR, part 40.25 of the US Department of Transportation regulations requires employers, who hire or transfer applicant/employees to safety sensitive positions, to obtain from previous employers, pursuant to consent, information concerning the applicant/employee's drug and alcohol testing records for the past two (2) years.

I, _____ Social Security Number _____ - _____ - _____
(Applicant/Employee name)

have made application for hire or transfer on ____/____/____ and give consent to:
(Date of Application)

Previous Employers Name _____

Address _____

City, State, Zip _____

Telephone Number _____

TO BE COMPLETED BY FORMER EMPLOYER

To provide information concerning my drug and alcohol testing records for the past two (2) years, from the date above, in compliance with 49CFR, part 40.25.

1. Did the employee perform for you safety sensitive work as defined by DOT regulations? _____
2. Do you have any knowledge of any alcohol test with a result of 0.04 or higher alcohol concentration in the past two years? _____ If yes what was the date? ____/____/____
3. Do you have knowledge of any verified positive drug tests in the past two years? _____. If yes what was the date? ____/____/____
4. Do you have knowledge of any refusals to be tested in the past two years (including verified adulterated or substituted drug test results)? _____ If yes what was the date? ____/____/____
5. If the answer to any question 2 – 4 is yes, please send information concerning the Substance Abuse Professional (SAP) assessment and treatment, letter of treatment completion, return-to-duty test, and follow-up testing plan and completed tests. 49CFR, part 40.25(h) requires you to provide this information.

Name and title of person completing this form:

Name Title

Telephone Number Date ____/____/____

Applicant/Employee Signature _____ Date ____/____/____

Randall Farmers Coop Union
101 Walnut
Randall, KS 66963

DRIVER PROGRAM PARTICIPATION VERIFICATION AND RELEASE FORM

Under CFR 49 part 382.301, Employers may obtain from previous employers, pursuant to a driver's consent, any of the information concerning the driver, which is maintained under CFR 49 part 382.301(b) by the driver's previous employers.

TO BE COMPLETED BY APPLICANT OR EMPLOYEE

Former Employer Name: _____

Location: _____
(Street) (City) (State) (Zip)

I, _____, hereby authorize the testing program named herein to release pertinent information regarding drug and alcohol tests performed on myself for an employer and/or the FMCSA.

Driver's Signature Date

DRUG AND ALCOHOL TESTING PROGRAM:

Name: _____ Telephone No: _____

Location: _____
(Street) (City) (State) (Zip)

Contact: _____
(Name) (Title)

TO BE COMPLETED BY FORMER EMPLOYER

The above named driver: Participates Does not participate, in the above named program.

Dates of participation: From ___/___/___ to ___/___/___

Has the driver ever refused a drug or alcohol test: Yes No

This driver: is is not qualified to drive a commercial vehicle.

Please Complete the Test Result Information Below: (Begin with the most recent test.)
Circle your response

Date of Test	Result of Test	Type of Test
___/___/___	Negative or Positive	Alcohol or Drug or Both
___/___/___	Negative or Positive	Alcohol or Drug or Both
___/___/___	Negative or Positive	Alcohol or Drug or Both
/ /	Negative or Positive	Alcohol or Drug or Both

Verified by: Name: _____ Title: _____ Date: ___/___/___