



Co-operative Feed Dealers, Inc.
 P.O. Box 670
 Conklin, NY 13748
 phone: (607) 651-9078 fax: (607) 651-9363

DRIVER'S APPLICATION FOR EMPLOYMENT

Answer ALL questions — please print

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.

Date of application: _____

Position(s) Applied for: _____

Name: _____ Social Security No.: _____
Last First Middle

Address: _____
Street City

State Zip Code Phone:

ADDRESS FOR THE PAST THREE YEARS:

_____	_____	_____	How Long? _____
<small>Street</small>	<small>City</small>	<small>State & Zip</small>	
_____	_____	_____	How Long? _____
<small>Street</small>	<small>City</small>	<small>State & Zip</small>	

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

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

Have you worked for this company before? _____ Where? _____

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

Reason for leaving: _____

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

Who referred you? _____ Rate of pay expected: _____



EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate 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. Add another sheet as necessary.)

<u>EMPLOYER</u>	<u>DATE</u>
NAME	FROM: TO:
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING

<u>EMPLOYER</u>	<u>DATE</u>
NAME	FROM: TO:
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING

<u>EMPLOYER</u>	<u>DATE</u>
NAME	FROM: TO:
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CONTACT PERSON PHONE #	REASON FOR LEAVING

<u>EMPLOYER</u>	<u>DATE</u>
NAME	FROM: TO:
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE #	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 (ATTACH SHEET IF MORE SPACE IS NEEDED)

<u>DATES</u>	<u>NATURE OF ACCIDENT</u> (HEAD-ON, REAR-END, UPSET, ETC.)	<u>FATALITIES</u>	<u>INJURIES</u>
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE 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

LIST ALL LICENSES HELD IN LAST 3 YEARS

<u>STATE</u>	<u>LICENSE NO.</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>

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 ABOVE IS **YES**, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

<u>CLASS OF EQUIPMENT</u>	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR —TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

WHICH SAFE DRIVING AWARDS 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:

APPLICANT'S STATEMENT

Have you ever been convicted of a felony: ___ Yes ___ No

Note that disclosure of responsive information to this question will not necessarily disqualify you from employment consideration, but an omission or misrepresentation in this application or in any other information or representations you provide seeking employment with this company can disqualify you for employment.

This certifies that this application was completed by me, and that all the entries on it and information in it are true and complete to the best of my knowledge.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

