



Today's Technology Yesterdays Values

**Sterling Office 225 S. Broadway Sterling,
KS, 67579 620.278.2141**

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

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 _____ How long? _____
Street City State & Zip Code
_____ How long? _____
Street City State & Zip Code
_____ How long? _____
Street City State & Zip Code

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)

Email: _____

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? _____

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 FORFEITURES 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 inquire 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



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



MOTOR VEHICLE DRIVER’S

CERTIFICATION OF COMPLAINCE 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 non-motor carrier entity, must be recorded on this form.

Driver Name _____

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

Central Prairie Coop
General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I hereby CONSENT to allow Central Prairie Coop and its designated agents and representatives to conduct multiple limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse ("Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. These queries may be conducted over the duration of my employment with the Central Prairie Coop.

I understand that if the limited query conducted by the Central Prairie Coop indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Central Prairie Coop without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Central Prairie Coop to conduct a limited query of the Clearinghouse, the Coop must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

The language used in this consent form is not intended to create nor shall it be construed to constitute a contract of employment with anyone or all of its employees. All employees shall retain the right to terminate their employment at any time and the Central Prairie Coop has the same right.

Applicant/Employee Printed Name

Applicant/Employee Signature

Date