

CRYSTAL VALLEY COOPERATIVE

Employment Application

Crystal Valley 
 721 West Humphrey
 Lake Crystal, MN 56055

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries 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 inquiries and releasing information in connection with my application.

In the event of employment, I understand 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 Company.

Signature _____ Date _____

DRIVER APPLICANT ONLY

I understand that information I provide regarding 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 3913.23(d) and (e). I understand that 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.

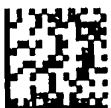
Signature _____ Date _____

APPLICANT INFORMATION

Last Name			First			M.I.		Date		
Street Address						Apartment/Unit #				
City			State			ZIP				
Phone			E-mail Address							
Date Available			Social Security No.				Desired Salary			
Position Applied for										
Are you a citizen of the United States or otherwise legally authorized to work in the United States?								YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain fully. See back page for additional space. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.							
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
If so, what position?					Rate of Pay					
Reason for Leaving										
Are you now employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, how long since leaving last employment?							

Company Use Only

NOTES



EDUCATION

High School Diploma or GED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of Institution			
Address				Degree			
College			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES*Please list three references.*

Full Name		Relationship	
Address		Phone	()
Full Name		Relationship	
Address		Phone	()
Full Name		Relationship	
Address		Phone	()

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. All driver applicants applying to drive a commercial motor vehicle in intrastate or interstate commerce (subject to FMCSRs**), shall also provide an additional 7 years' information on those employers for whom those applicants operated such vehicle. (Note: List employers in reverse order starting with the most recent. Use back page if necessary.)

PREVIOUS EMPLOYMENT

Company		Phone		()	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you subject to the FMCSRs* while employed?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>					

PREVIOUS EMPLOYMENT

Company		Phone		()	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you subject to the FMCSRs* while employed?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>					

PREVIOUS EMPLOYMENT continued

Company				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you subject to the FMCSRs* while employed?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>					

DRIVER EXPERIENCE & QUALIFICATION Answer the questions in this section only if applying for a driver position.**LICENSES**

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsements	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 you answered "Yes" to A or B attach a statement giving details.

The U. S. Department of Transportation requires that driver applicants state their date of birth (§391.21 (b)(2)). Date of Birth _____ month/day/year

DRIVING AND OTHER EQUIPMENT EXPERIENCE Please describe equipment operated. For example, straight truck, semi, forklift, skid steer, wrangler loader, etc.

List states operated in during last five year: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD for past 3 years (Use back page if more space is required) if none, write **none**

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations) if none, write **none**

Location	Date	Charge	Penalty

(Use back page if more space is needed)

DISCLAIMER AND SIGNATURE

I certify that this application was completed by me, and that my answers are true and complete to the best of my knowledge.

Signature		Date	
-----------	--	------	--

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 18 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

USE THIS SPACE TO LIST ADDITIONAL INFORMATION