

DRIVER EXPERIENCE & QUALIFICATIONS

****Complete this section only if applying for a driving position, or if you currently hold a commercial drivers license.**

Drivers Licenses Held in Past 3 years must be shown.

License No.	State	Class	Endorsements	Restrictions	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 even been suspended or revoked? _____ (yes/no)
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____(yes/no)

Driving Experience

Class of Equipment	Type (Van, Tank, Flat, etc.)	Dates
Straight Truck		
Tractor & Semi-Trailer		
Other		

List any other training or experience _____

Accident Review

Dates	Nature of Accident	Fatalities/Injuries

List Traffic Convictions for the past three years other than parking violations.

Dates	Location	Charge	Penalty

EDUCATION

NOTE: do not fill out any part of this section you believe to be non -job related.

	NAME	CITY/STATE	GRADUATE	DEGREE
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

EMPLOYMENT HISTORY – Please provide a minimum of 5-year employment history.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No, If yes, may we contact?

 COMPANY NAME CITY STATE Phone: _____

FROM _____ TO _____
 DATES EMPLOYED JOB TITLE SUPERVISOR NAME

 DUTIES

 Per _____

 SALARY (HOUR. WEEK. MONTH) REASON FOR LEAVING

SECOND MOST RECENT EMPLOYER

 COMPANY NAME CITY STATE Phone: _____

FROM _____ TO _____
 DATES EMPLOYED JOB TITLE SUPERVISOR NAME

 DUTIES

 Per _____

 SALARY (HOUR. WEEK. MONTH) REASON FOR LEAVING

THIRD MOST RECENT EMPLOYER

 COMPANY NAME CITY STATE Phone: _____

FROM _____ TO _____
 DATES EMPLOYED JOB TITLE SUPERVISOR NAME

 DUTIES

 Per _____

 SALARY (HOUR. WEEK. MONTH) REASON FOR LEAVING

REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and / or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. Furthermore, I understand that should an offer of employment be extended and accepted, such employment is "at will" and does not express or imply an employment contract.

SIGNATURE: _____ DATE: _____

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Battle Creek Farmer’s Cooperative N/S (hereafter Farmers Pride) may procure a consumer report or investigative consumer report as defined in 15 USC 1681a of the Fair Credit Reporting Act (FCRA) for the purpose of evaluating the undersigns’ application for employment. Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Farmers Pride and its designated agents and representatives to conduct a review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee or job applicant. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution, consumer reporting agency as defined in 15 U.S.C. 1681a(e), and other persons having personal knowledge of me to furnish Farmers Pride or its designated agents with any and all information in their possession regarding me in connection with my application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Applicant Name:	Last	First	Middle (NOT initial – if none, mark “N/A”)
Other Names Used: (e.g. Maiden Name)	Last	First	Middle (NOT initial – if none, mark “N/A”)
Address	Street City, State, Zip		
Prior Address	Street City, State, Zip		
Email Address		Telephone	
Cell Phone			

Social Security	Number
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Driver’s License	Number	
	State	Exp. Date / /

The undersigned’s application for employment cannot be processed by Farmers Pride until this disclosure and authorization is completed and signed.

Signature: _____ **Date:** _____