



An Equal Opportunity Employer
Five Star Cooperative
1949 N. Linn Ave.
P.O. Box 151
New Hampton, IA 50659
Phone: (641)394-3052

**Application for Employment
(Drivers Only)**

Applicants are considered for the position specified below, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, as required by Sec. 391.23 of Department of Transportation Regulations.

Applicant Signature _____ Date of Application _____

Position Applied For _____

(Please Print)

Full Name (Last) _____ (First) _____ (Full Middle) _____

Address _____ (How Long) _____
Street City State Zip Code

Addresses for Past Three Years

_____ (How Long) _____

_____ (How Long) _____

_____ (How Long) _____

Current Telephone Number: _____

Social Security Number: _____

Have you filed an application with our Company before? __Yes __No

If yes, give date: _____ Department: _____

Have you ever been employed with our Company before? __Yes __No

If yes, give date: _____ Department: _____

Are you employed now? __Yes __No **May we contact your present employer?** __Yes __No

Are you able to perform the essential functions of the job for which you are applying without a reasonable accommodation? __Yes __No

How many days have you been absent from work in the past year? _____

Can you lawfully work in this country? __Yes __No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the regulations prepared by the Bureau of Citizenship and Immigration Services. Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: __Full-Time __Part-Time __Seasonal __Summer Only __Temporary

What days? __Sunday __Monday __Tuesday __Wednesday __Thursday __Friday __Saturday

Are you on a layoff and subject to recall? __Yes __No

Would you be willing to work out of town? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.) If yes, please explain:

EDUCATION

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

	High School	Tech School	College/University
Years Completed (Check)	9 10 11 12	1 2 3 4	1 2 3 4
School Name and Location			
Diploma/Degree			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

Give a complete record of all employment for the past 10 years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed.

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			
Were you subject to FMCSR's while employed with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your position designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
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Supervisor			
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Employer	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			
Were you subject to (Federal Motor Carrier Safety Regulations (FMCSR's) while employed with this employer? __Yes __No			
Was your position designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing requirements? __Yes __No			

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			
Were you subject to FMCSR's while employed with this employer? __Yes __No			
Was your position designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing requirements? __Yes __No			

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
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Supervisor			
Reason For Leaving			
Were you subject to FMCSR's while employed with this employer? __Yes __No			
Was your position designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing requirements? __Yes __No			

Employer	Dates Employed		Work Performed
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Were you subject to FMCSR's while employed with this employer? __Yes __No Was your position designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing requirements? __Yes __No			

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Employer	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			
Were you subject to FMCSR's while employed with this employer? __Yes __No Was your position designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing requirements? __Yes __No			

OTHER

Will you take an alcohol/drug screen breath/urine test for drug and alcohol or controlled substances?

Yes No

Have you EVER been convicted for use of alcohol?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? Yes No **If yes, what type:** Personal Commercial

If yes, what charge? _____

Have you EVER been convicted for use or possession of drugs or controlled substances?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? Yes No **If yes, what type:** Personal Commercial

If yes, what charge? _____

Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences:

State any additional information you feel may be helpful in considering your application:

APPLICANT'S STATEMENT

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, The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge if I am hired. Similarly, any false or misleading information provided in post-offer questionnaires or medical examinations will result in discharge regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company to determine whether I qualify for the position being considered. In addition, I understand a drug or alcohol test is required. I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability that might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the Company deems appropriate.

Signature of Applicant

Date