American Plains Co-op
DOT Employment Application
DOT Positions

Great Bend Cooperative Association ("The Company") dba American Plains Co-op is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, arrest record or any other characteristic protected by federal, state and/or local laws. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain effective for a period of thirty (30) days or until the position is filled.

If you would like to request a reasonable accommodation to complete this form, please contact a Human Resources representative.

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Mobile Phone: _____ Email: _____

How do you prefer to be contacted regarding your employment application? ☐ Phone Call ☐ Text ☐ Email

Please list any other addresses for the past three years:

Address: _____
Street *City* *State* *ZIP Code*

Address: _____
Street *City* *State* *ZIP Code*

Address: _____
Street *City* *State* *ZIP Code*

Position Desired: _____

Date Available: _____ Hourly Rate/Salary Desired: _____

Are you presently employed? ☐ YES ☐ NO If yes, may we contact your employer? ☐ YES ☐ NO

If presently employed, why are you considering leaving? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? *If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer or Human Resources before answering the question.*

☐ YES ☐ NO

Are you available to work: ☐ Days ☐ Nights ☐ Weekends
☐ Full Time ☐ Part Time
Please explain: _____

How were you referred to the company? _____

Do you have any relatives who work for this company? ☐ YES ☐ NO

If yes, please list their name and work location: _____

Are you legally eligible to be employed in the United States? ☐ YES ☐ NO
Proof of eligibility will be required upon employment

Are you 18 years old or older? ☐ YES ☐ NO
If yes, are you 21 years old or older? ☐ YES ☐ NO
Proof of age may be required

Have you ever worked for this company before? ☐ YES ☐ NO
If yes, where? _____ When? _____ Title: _____
Supervisor: _____ Reason for leaving: _____

Have you ever been convicted of a crime? *A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.* ☐ YES ☐ NO
If yes, explain: _____

Education

	Name and Location of School	Course of Study	Number of years completed	Diploma or Degree Received
High School				
College or University				
Trade, Business or other School				

Other education, training or special skills: _____

Driving Experience

DRIVER LICENSE QUALIFICATIONS

	State	License No.	Type	Expiration Date
Driver License				
Driver License				
Driver License				

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO
Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO
If the answer to either question is "Yes", attach a statement providing details

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From	To	Approximate Number of Miles (total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE

Date	Nature of Accident	Fatalities	Injuries

TRAFFIC CONVICTIONS FOR PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

Previous Employment

Include your last three (3) years of employment history and past ten (10) years of commercial driving experience, starting with the most recent and working backwards in time. Please include military service as work experience. Attach separate sheet if more space is needed.

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Did you operate a Commercial Motor Vehicle for this employer? ☐ YES ☐ NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ YES ☐ NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40? ☐ YES ☐ NO

References

☐ _____ (initial) I voluntarily consent to allow the company and any of its officers, employees or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character or personality.

Please list below the name of three persons not related to you, whom you have known for at least one year.

Name	Occupation & Company	Relationship & # of years	Phone Number

Disclaimer and Signature

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me and I release the Company and all providers of information from any liability as a result of furnishing and receiving this information. I understand that failure to reveal any omission or misleading information by me can result in disqualification for employment consideration or, if hired, may be grounds for termination from the Company.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Signature: _____ Date: _____

HR USE ONLY			
Hire Date		Rate	
Title		Manager	
Department		Location	

Great Bend Cooperative Association dba American Plains Co-op

Request for DOT Information from Previous Employer

APPLICANT TO COMPLETE FIRST SECTION

I hereby authorize you to release the following information to ***American Plains Co-op*** ("Company"), for the purposes of investigation as required by Section 49 CFR 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Signature of applicant _____ Date _____

Print Name _____

LIST ALL PRIOR EMPLOYERS WITHIN THE PAST THREE (3) YEARS:

Previous Employer Information:

Name: _____

Contact Person: _____

Address: _____

City: _____State: _____ Zip Code: _____

Telephone Number: _____

Previous Employer Information:

Name: _____

Contact Person: _____

Address: _____

City: _____State: _____ Zip Code: _____

Telephone Number: _____

Previous Employer Information:

Name: _____

Contact Person: _____

Address: _____

City: _____State: _____ Zip Code: _____

Telephone Number: _____

Please Stop
Company to complete remaining section of form

EMPLOYER: _____ **CALLED/SENT:_____**

Company to Obtain from Previous Employer (in writing or via phone)

1. Employment Dates (from _____ to_____).
2. Did the applicant drive a motor vehicle for you? ☐ YES ☐ NO If so what type_____.
3. Was the employee a safe and efficient driver? ☐ YES ☐ NO
4. Reason for leaving employer: ☐ Discharged ☐ Resignation ☐ Lay Off
5. Was their general conduct satisfactory? _____
6. Please advise history of past driving record, if available, for past three years

Accident Date	Type	Location	Prev./Non-Prev	Injury	Fatal	Cost

Citation Date	Type	Location	Prev./Non-Prev	Injury	Fatal	Cost

7. Would you rehire this individual? ☐ YES ☐ NO

8. Remarks: _____
_____
_____
_____
_____

Former Employer Certification Statement

I _____ hereby certify the information I have provided is correct and true
(Print Your Name)
to the best of my knowledge.

_____ _____
Signature Date

_____
Title

If conducted by phone – Interviewer_____