



Employment Application

CENTRA SOTA COOPERATIVE

805 Highway 55 East
Buffalo, MN 55313

Location: _____

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 Centra Sota Cooperative to make such investigations and inquiries of my personal, employment, educational 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. All offers of employment are conditional upon satisfactory reference checks, successful completion of a drug test and a physical exam may be required for certain classifications.

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 §391.23(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.

I am aware that a consumer report, (motor vehicle record) will be obtained on me in the course of consideration for employment and at any time throughout my employment.

Any documents/records obtained pursuant to this authorization may be disclosed to any insurance carrier or prospective insurance carrier of the entity to which I am applying for employment and/or to whom I am currently employed. I understand that this may result in that insurance entity obtaining motor vehicle/driver history information on me

By signing this application I hereby authorize, without reservation, any party, state, or agency contacted by TLT RESEARCH SERVICES, to furnish the above mentioned information.

By signing this application I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Signature _____ Date _____

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
* DRIVERS ONLY: If you have resided at any other address within the past three years, please list on page 4 in the "Notes" section.						
City		State		Zip		
Phone		E-mail Address				
Date Available		Social Security No.		Desired Salary		
Position Applied for					Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
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"/>	
Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, are you 16 years or older?		YES <input type="checkbox"/> NO <input type="checkbox"/>
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"/>	Reason for Leaving		

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

REFERENCES			
<i>Please list three professional references.</i>			
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 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 employer 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 employer 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 <small>continued</small>							
Company				Phone ()			
Address				Supervisor			
Job Title			Starting Salary		Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous employer 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.	Expiration Date	Class	Endorsements	Restrictions

- 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 years: _____

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	
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.	
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) weights 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

Company Use Only	NOTES
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