

ALL CDL DRIVERS MUST MEET THE FOLLOWING QUALIFICATION:

1. AT LEAST 21 YEARS OF AGE
2. NO FELONY CONVICTIONS IN THE PST 7 (SEVEN) YEARS
3. NO DRUG/ALCOHOL RETLATED HISTORY IN THE PAST 7 (SEVEN) YEARS
4. NO MORE THAN 1 (ONE) MOVING VIOLATION ON YOUR CURRENT MVR.

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED YOU MUST FILL OUT THE ATTACHED APPLICATION COMPLETELY. VALID PHONE NUMBERS AND CONTACT NAMES FOR ALL PREVIOUS EMPLOYERS. YOU MUST ALSO ATTACH A CURRENT (WITHIN 30 DAYS) DRIVING RECORD.

IF YOU MEET THESE QUALIFICATIONS AND YOUR APPLICATION IS CORRECTLY COMPLETED, YOU MAY BE CONTACTED FOR AN INTERVIEW.

AT THIS TIME THE INTERVIEWER WILL DICUSS WITH YOU:

1. SCHEDULED WORK HOURS
2. VACATION AND BENEFIT PACKAGE (IF QUALIFIED)
3. DRUG AND ALCOHOL POLICIES
4. UNIFORM POLICY
5. SAFETY POLICIES

YOU MAY BE OFFERED A POSTION, BUT THIS POSITION IS CONDITIONAL UNTIL ALL DRUG/ALCOHOL RESULTS, INSURANCE CHECKS RAN AGAINST YOUR CURRENT MVR, AND A CRIMINAL BACKGROUND CHECK HAS BEEN RETURNED TO AUGUSTA COOPERATIVE FARM BUREAU IN GOOD STANDING.

APPLICANT SIGNATURE

DATE



Augusta Cooperative Farm Bureau, Inc.

COMMERCIAL DRIVER APPLICATION

PERSONAL INFORMATION:

NAME: _____
 FIRST LAST MI DATE

PHONE 1: _____ PHONE 2: _____

CURRENT ADDRESS: _____
 STREET CITY STATE ZIPCODE

**IF LESS THAN 3 YEARS AT CURRENT ADDRESS, LIST PREVIOUS ADDRESSES*

PREVIOUS ADDRESS: _____
 STREET CITY STATE ZIPCODE

PREVIOUS ADDRESS: _____
 STREET CITY STATE ZIPCODE

PREVIOUS ADDRESS: _____
 STREET CITY STATE ZIPCODE

POSITION APPLYING FOR: _____
 TEMP PART TIME FULL TIME

HOURS AVAILABLE:

MON	TUES	WED	THURS	FRI	SAT	SUN

HAVE YOU WORKED FOR THIS COMPANY BEFORE: YES NO (CIRCLE)

IF YES: FROM _____ TO _____
 MONTH/YEAR MONTH/YEAR

LOCATION: _____ POSTION: _____

REASON FOR LEAVING: _____

ARE YOU CURRENTLY EMPLOYED: YES NO (CIRCLE)

IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT: _____

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED>: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

PLEASE LIST ANY CERTIFICATIONS AND/OR LICENSES HELD OTHER THAN COMMERCIAL DRICVERS LICENSE:

GENERAL INFORMATION:

HAVE YOU EVER BEEN BONDED: YES NO NAME OF BONDING CO: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO

IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET, CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT--ALL CIRCUSTANCES WILL BE CONSIDERED

EMPLOYMENT RECORD:

CURRENT EMPLOYER:	_____		
SUPERVISOR:	_____		
ADDRESS:	_____	PHONE:	_____
POSITION:	_____	SALARY:	_____
		DATES:	_____
			FROM M/YR TO M/YR
REASON FOR LEAVING:	_____		

PREVIOUS EMPLOYER:	_____		
SUPERVISOR:	_____		
ADDRESS:	_____	PHONE:	_____
POSITION:	_____	SALARY:	_____
		DATES:	_____
			FROM M/YR TO M/YR
REASON FOR LEAVING:	_____		

DRIVER LICENSE INFORMATION:

DRIVER LICENSE #:

EXPIRATION:

FULL NAME:

DOB:

CLASS OF LICENSE:

<input type="checkbox"/>	A
<input type="checkbox"/>	B
<input type="checkbox"/>	C
<input type="checkbox"/>	D
<input type="checkbox"/>	E

ADDITIONAL ENDORSEMENTS:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

LIST THE NATURE AND EXTENT OF EXPERIENCE IN THE OPERATION OF CMV:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MV: YES NO

HAS YOUR LICENSE OR PERMIT EVER BEEN SUSPENDED OR REVOKED: YES NO

HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FMCSA: YES NO

IF YES, PLEASE GIVE DETAIL

DATE	NATURE OF OFFENCE
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

LIST ALL MOTORE VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN THE LAST 3 YEARS:

DATE	NATURE OF ACCIDENT	PERSONAL INJURY
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTICE TO APPLICANT:

1. ALL INFORMATION SUBMITTED WILL BE CONSIDERED IN REVIEWING MY APPLICATION AND IS SUBJECT TO INVESTIGATION. I HEREBY AUTHORIZE AUGUSTA COOPERATIVE FARM BUREAU TO INVESTIGATE ALL STATEMENTS APPLICABLE, EXCEPT AS INDICATED.
2. I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL UPON DISCOVERY OF SUCH INFORMATION.
3. IF ACCEPTED FOR EMPLOYMENT, I HEREBY AGREE TO COMPLY WITH ALL RULES, REGULATIONS, AND POLICIES OF AUGUSTA COOPERATIVE FARM BUREAU.
4. I AM AWATRE THAT A CRIMINAL AS WELL AS A CRDIT BACKGROUND CHECK WILL BE CONDUCTED WITH MY WRITTEN CONSENT.
5. I UNDERSTAND THAT AUGUSTA COOPERATIVE FARM BUREAU FOLLOWS AN EMPLOYMENT-AT-WILL POLICY, IN THAT I OR AUGUSTA COOPERATIVE FARM BUREAU MAY TERMINATE MY EMPLYMENT AT ANY TIME, FOR ANY REASON CONSISTENT WITH APPLICABLE STATE OR FEDERAL LAW.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL INFORMATION CONTAINED IN APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE ALSO READ AND UNDERSTOOD THE ABOVE NOTICE TO THE APPLICANT.

SIGNATURE OF APPLICANT

DATE

NOTE: FAILURE TO SIGN THE ABOVE CONSENT DISCONTINUES THE EMPLOYMENT PROCESS



Augusta Cooperative Farm Bureau, Inc.

APPLICANT REFERENCE CHECK FORM

PREVIOUS EMPLOYER: _____ DATE: _____

ADDRESS: _____

PHONE: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY NUMBER: _____

APPLICANT SIGNATURE AUTHORIZING REFERENCE CHECK

THE ABOVE NAMED PERSON HAS APPLIED FOR A DRIVING POSITION WITH AUGUSTA COOPERATIVE FARM BUREAU. IN ORDER TO COMPLY WITH THE FMCSA WE WOULD APPRECIATE YOUR ASSISTANCE IN THIS REFERENCE CHECK. ALL INFORMATION WILL BE TREAT CONFIDENTIALLY.

THIS SECTION IS TO BE COMPLETED BY PREVIOUS EMPLOYER

RECORD OF EMPLOYMENT:

HIRE DATE: _____ END DATE: _____

POSITION HELD: _____

REASON FOR LEAVING: _____

WHAT TYPE OF MOTOR VEHICLE DID THE ABOVE MENTIONED OPERATE:

CAR ___ TRUCK ___ STRAIGHT TRUCK ___ ROAD TRACTOR ___ BUS ___

DID ANY SAFETY VIOLATIONS OCCUR?(IF YES PLEASE EXPLAIN) YES ___ NO ___

WERE THERE ANY POSITIVE DRUG/ALCOHOL TEST? (IF YES PLEASE EXPLAIN) YES ___ NO ___

WERE THERE ANY MOTOR VEHICLE ACCIDENTS DURING EMPLOYMENT(IF YES EXPLAIN) YES ___ NO ___

PLEASE CHECK THE MOST APPROPRIATE RATING FOR THE FOLLOWING ATTRIBUTE:

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
<u>QUALITY OF WORK</u>	_____	_____	_____	_____
<u>DRIVING SKILL</u>	_____	_____	_____	_____
<u>COOPERATION WITH OTHERS</u>	_____	_____	_____	_____
<u>INITIATIVE</u>	_____	_____	_____	_____
<u>SAFETY HABITS</u>	_____	_____	_____	_____
<u>ATTENDANCE</u>	_____	_____	_____	_____
<u>ATTITUDE</u>	_____	_____	_____	_____

WOULD YOUR COMPANY REHIRE? YES _____ NO _____

ADDITIONAL COMMENT(S):

THANK YOU FOR TAKING THE TIME TO FILL OUT THE ABOVE FORM. PLEASE RETURN ATTENTION TO:

HUMAN RESOURCES
STACI ALGER
540-885-5582 (FAX)
SALGER@AUGUSTACOOOP.COM

NAME OF AUTHORIZED EMPLOYEE

SIGNATURE OF AUTHORIZED EMPLOYEE

DEPARTMENT

DATE

