

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: Aspinwall Cooperative Company Address: 201 E. Main Street

City, State, and Zip Code: Aspinwall, Iowa 51432

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, non-job related disability, marital status or veteran status.

Date of Application: _____

Position(s) Applied for: _____

Name: _____ Social Security No. _____
Last First Middle

Street Address (P. O. Box, if applicable) Home Telephone

City, State, Zip Code How Long? Business Telephone

Date of Birth: / / Can you provide proof of age: Yes No
(Required for Truck Drivers)

Address for Past Three (3) Years Street City State, Zip Code How Long? _____

Street City State, Zip Code How Long? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Apart from absence for religious observance, are you available for full-time work? YES NO

If not, what hours can you work? _____ Will you work overtime, if asked? YES NO

Are you legally eligible for employment in the United States? YES NO

When will you be available to begin work? _____

Have you worked for this company before? YES NO Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Have you ever been convicted of a felony? No Yes (If yes, please explain fully on a separate sheet of paper.)

Are you currently employed? YES NO If not, how long since leaving last employment? _____

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Who referred you? _____ Rate of pay expected? _____

EXPERIENCE and QUALIFICATIONS - DRIVER

State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of equipment	Type of equipment (van, tank, flat, etc.)	Dates		Approximate number of miles (total)
		From _____	To _____	
Straight truck				
Tractor & semi-trailer				
Tractor w/ two trailers				
Other				

List states operated in for last five years: _____

List special courses or training that will help you as a driver: _____

Do you have any safe driving awards? Yes NO From Whom? _____

List special equipment or technical materials you can work with (other than those already shown) _____

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	Dates	Nature of accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last accident				
Next previous				
Next previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Violation (charge)	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

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B. Has any license, permit, or privilege ever been suspended or revoked? YES NO

(IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.)

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: DOT requires that employment for at least three (3) years and/or Commercial Driving Experience for the past ten (10) years be shown.

LAST EMPLOYER: NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____

SECOND LAST EMPLOYER: NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____

THIRD LAST EMPLOYER: NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? YES NO

If yes, explain if you wish: _____

DOT RANDOM DRUG & ALCOHOL TESTING

Have you been employed in a position subject to DOT Regulations in the past 3 years? Yes No

Have you ever tested positive on a DOT-approved random drug and alcohol test? Yes No

Have you ever refused to test on a DOT-approved random drug and alcohol test? Yes No

TO BE READ AND SIGNED BY APPLICANT

This certifies that this driver employment 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.

DATE APPLICANT'S SIGNATURE

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety regulations.

Applicant's Name: _____ Social Security No.: _____

A. A person is physically qualified to drive a motor vehicle if he/she:

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Has no loss of a foot, leg, hand, or arm, or has been granted a waiver pursuant to Section 391.49.

- B. Whether an individual has an impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) an arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or (iii) any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or (iv) has been granted a waiver pursuant to Section 391.49.
- C. A person is physically qualified to drive a motor vehicle if he/she:
Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
- D. Whether an individual has a "current clinical diagnosis of" myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or cardiovascular disease; whether the "current clinical diagnosis of" is "known to be accompanied by" syncope, dyspnea, collapse, or congestive cardiac failure.
- E. Whether an individual has an established medical history or clinical diagnosis of a respiratory dysfunction, and whether that dysfunction is likely to interfere with an individual's ability to safely control and drive a motor vehicle.
- F. Whether an individual has current clinical diagnosis of high blood pressure likely to interfere with a driver's ability to operate a motor vehicle.
- G. Whether an individual has an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease and whether that condition interferes with his/her ability to safely control and operate a motor vehicle.
- H. Whether an individual has an established medical history or clinical diagnosis of epilepsy; or whether an individual has any condition which is likely to cause the loss of consciousness; or whether an individual has any condition which would cause the loss of ability to control a motor vehicle.
- I. Whether an individual has a mental, nervous, organic, or functional diseases or psychiatric disorder, and whether the disease or disorder is likely to interfere with the driver's ability to drive a motor vehicle safely.
- J. Whether an individual has a distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses; whether an individual has distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses; and whether an individual has a field of vision of at least 70 degrees in the horizontal meridian in each eye; and whether an individual has the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.
- K. Whether an individual can first perceive a forced whisper voice in the better ear at not less than five feet with or without the use of a hearing aid, or if tested by use of an audiometric device calibrated by the American Standards Association (Z24.5 - 1951), whether an individual has an average hearing loss in the better ear not greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz.
- L. Whether an individual uses a Schedule 1 drug or other substance identified in Appendix D to this subchapter (391.41), an amphetamine, a narcotic, or any other habit-forming drug.
- M. Whether an individual has a "current clinical diagnosis of alcoholism."

IF YOU HAVE EVER HAD A CLINICAL DIAGNOSIS OR ARE SUFFERING FROM ANY OF THE FOREGOING, YOU MAY NOT BE PHYSICALLY QUALIFIED TO DRIVE A COMMERCIAL MOTOR VEHICLE. THEREFORE, YOU MUST SUPPLY A DOT-APPROVED MEDICAL CERTIFICATE WITH THIS APPLICATION.