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) _____ How Long? _____
Years   Street   City   State, Zip Code

    _____ How Long? _____
    Street   City   State, Zip Code

(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 From _____ To _____	Approximate number of miles (total)
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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DRIVER'S APPLICATION FOR EMPLOYMENT

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:

DRIVER'S APPLICATION FOR EMPLOYMENT
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, an 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.