



Farmers Coop Society
317 3rd Street NW
Sioux Center, IA 51250
712-722-2671
mcrist@farmerscoopsociety.com

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Opportunity Employment. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, sexual orientation, gender identity marital status, national origin, age physical or mental disability.

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accomodation to the application and/or interview process should notify a representative of the Company.

FCS is an E-Verify employer. E-Verify is an Internet based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees in the United States.

Name _____ Date of Application _____
LAST FIRST MIDDLE

Address _____
STREET or PO BOX CITY STATE ZIP

Phone Number _____ Cell Number _____ Email _____

Preferred Method of Contact _____

1. EDUCATION & TRAINING

Circle last grade completed -- Grade 1 2 3 4 5 6 7 8 9 10 11 12

College -- 1 2 3 4

	Name and Address of School	Major/Course Studied	Graduated or Degree (Y or N)	Average GPA
High School				
College				
Other				

2. SKILLS AND CERTIFICATION

Please list any skills you have that are appropriate for the position you are applying for:

Position and location applying for, be specific:

Salary Requirements

\$ _____ per hour
 _____ per year

State fully why you believe you are qualified for this position:

How did you hear about FCS?

INTERESTS/ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position(s) you are seeking.

3. AVAILABILITY

	M	T	W	Th	F	Sa	Su	Please Check:
From								Part-Time Seasonal Full-Time
To								
Overnight								

If required, will you work?

Rotating Shifts YES NO Overnights YES NO

Date You Can Start

Overtime YES NO Weekends YES NO

____ / ____ / ____

4. MILITARY BACKGROUND, IF APPLICABLE

Provide information, related to any service in the regular or reserve United States Armed Forces or the Iowa National Guard.

Branch of Service _____
 Period of Active Duty _____
 Honorable Discharge YES NO
 Discharge Date _____ Rank _____

Summarize the nature of work performed, job responsibilities and any special skills obtained.

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? **YES** **NO**

PRESENT OR MOST RECENT EMPLOYER

Full Name of Company		Telephone		SALARY BEGIN END	EMPLOYED TO (MO/YR) FROM (MO/YR)	
Street Address		City	State		Zip	Reason For Leaving:
Name & Title of Supervisor		Title of Your Position		List jobs held, duties performed, skills used, and promotions while employed at this company.		
Full Name of Company		Telephone		SALARY BEGIN END	EMPLOYED TO (MO/YR) FROM (MO/YR)	
Street Address		City	State		Zip	Reason For Leaving:
Name & Title of Supervisor		Title of Your Position		List jobs held, duties performed, skills used, and promotions while employed at this company.		
Full Name of Company		Telephone		SALARY BEGIN END	EMPLOYED TO (MO/YR) FROM (MO/YR)	
Street Address		City	State		Zip	Reason For Leaving:
Name & Title of Supervisor		Title of Your Position		List jobs held, duties performed, skills used, and promotions while employed at this company.		
Full Name of Company		Telephone		SALARY BEGIN END	EMPLOYED TO (MO/YR) FROM (MO/YR)	
Street Address		City	State		Zip	Reason For Leaving:
Name & Title of Supervisor		Title of Your Position		List jobs held, duties performed, skills used, and promotions while employed at this company.		

Driver's Application for Employment (Class A or B Drivers Only)

Name	_____	Date of Application	_____
	LAST FIRST MIDDLE		
SSN #	_____	Date of Birth	_____
			REQUIRED FOR TRUCK DRIVERS
Address	_____	_____	_____
	STREET or PO BOX CITY STATE ZIP		HOW LONG?
Phone Number	_____	Cell Number	_____
			Email _____
Addresses for Past Three (3) Years	_____	_____	_____
	STREET or PO BOX CITY STATE ZIP		HOW LONG?
	_____	_____	_____
	STREET or PO BOX CITY STATE ZIP		HOW LONG?
	_____	_____	_____
	STREET or PO BOX CITY STATE ZIP		HOW LONG?

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

Reasons for Leaving _____

Second Last Employer

Name _____

Address _____

Position Held _____

FROM TO

Reasons for Leaving _____

Third Last Employer

Name _____

Address _____

Position Held _____

FROM TO

Reasons for Leaving _____

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 drug and/or alcohol test?	YES	NO
Have you ever refused to test on a DOT - approved drug and/or alcohol test?	YES	NO
If you answered yes to any of the above questions, have you completed required treatment and return to duty testing as order by a certified Substance Abuse Professional (SAP)?	YES	NO

Please be informed that the above provided information will be used to conduct an investigation into the safety performance history and previous employers will be contacted to provide information.

You, as an applicant, have the following rights as listed in 49 CFR 391.23

- The right to review information provided by previous employers
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to your prospective employer.
- The right to have rebuttal statement attached to the alleged erroneous information, if your previous employer and you cannot agree on the accuracy of the information.

If you desire to review this safety performance history provided by a previous employer, you may do so by submitting a written request to us anytime from the date of application submittal or as late as 30 days after becoming employed with us or being notified of denial of employment.

Request to make corrections of information provided by previous employers must be submitted to that previous employer. You may report failures of previous employers to correct information or allow for rebuttal via procedures outlined in 49 CFR 386.12.

Accident record for past three (3) years or more. (Attach sheet if more space is needed) If none, write none

Date	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 three (3) years (other than parking violations) If none, write none

Location	Date	Charge	Penalty

Attach sheet if more space is needed.

Experience and Qualifications--Driver

List all drivers licenses or permits held in the past three years.

Driver Licenses	State	License No.	Type	Expiration date

- 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 the answer to either A or B is yes, explain: _____

Driving Experience (Check Yes or No)

Class of Equipment	Circle Type of Equipment		Dates		Approx. Number of Miles (Total)
	YES	NO	From (MO/YR)	TO (MO/YR)	
Straight Truck					
Tractor & Semi-Trailer					
Tractor-Two Trailers					
Tractor-Three Trailers					
Motorcoach-School Bus (More than 8 passengers)					
Motorcoach-School Bus (More than 15 passengers)					
Other					

List states operated in for the 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?

Experience and Qualifications-Other

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with other than shown elsewhere on this application.

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.

Applicant's Signature _____ Date _____

PERSONAL REFERENCES

Please list three references (Must not be relatives)

Full Name	Relationship
Address	
Phone	
Full Name	Relationship
Address	
Phone	
Full Name	Relationship
Address	
Phone	

READ CAREFULLY: I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the Company's service whenever it is discovered.

I give the Company the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Company and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the Company reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the Company, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

I represent and warrant that I have read and fully understand the foregoing, and seeking employment under these conditions.

Signature _____

Date _____



Request for Motor Vehicle Record

Driver's Full Name

Date of Birth:

Driver's License Number

State of License

License Class

License Expiration Date

Location To Where Driver is Applying/Working

I hereby give permission for Farmers Coop Society to request information concerning my motor vehicle record in **2019**.

Driver's Signature

Date
