

DRIVERS

APPLICATION FOR EMPLOYMENT



P.O. BOX 1717
Cape Girardeau, MO 63702-1717
Phone: 573-335-3122
Fax: 573-334-5512

(answer all questions - please print)

Applicant Name: _____ Date of application: _____

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 you to make such investigations and inquiries of my personal, employment, financial 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 that 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.

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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICATION FOR EMPLOYMENT

COMPANY: AGRI-TRANS STREET ADDRESS: P.O. BOX 1717
 CITY, STATE AND ZIP CODE: CAPE GIRARDEAU, MO 63702-1717

Name _____
(First) (Middle) (Last)

Current Address _____ How Long? _____
(Street) (City) (State & Zip Code)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

	How Long? _____
Street City State & Zip Code	
Street City State & Zip Code	How Long? _____
Street City State & Zip Code	
Street City State & Zip Code	How Long? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI- TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

DATE CONVICTED (month / year)	VIOLATION	STATE OF VIOLATION LOCATION	PENTALTY (forfeited bond, collateral and/or points)

(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 _____

If yes, explain _____

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

If yes, explain _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY (cont.)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		From: Mo. Yr.	To: Mo. Yr.
Address		Position Held	
City	State	Zip	
Contact Person		Reason for Leaving:	
Phone			
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	
(First) _____ (M.I.) _____ (Last) _____ Social Security No. _____	
Hereby Authorize: _____	
Previous Employer: _____ Email: _____	
Street: _____ Telephone: _____	
City, State, Zip: _____ Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To:	Prospective Employer: <u>Agri-Trans</u>
	Attention: _____ Telephone: <u>573-335-3122</u>
	Street: <u>P.O. BOX 1717</u>
	City, State, Zip: <u>Cape Girardeau, MO 63702-1717</u>
Incompliance with §40.25 (g) and 391.23 (h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
	Prospective employer's fax number: <u>573-334-5512</u>
	Prospective employer's email address: _____
Applicant's Signature _____ Date _____	
This information is being requested in compliance with §40.25 (g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER			
ACCIDENT HISTORY				
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from (m/y) _____ to (m/y) _____				
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.				
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1)				
2)				
3)				
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____				
Any other remarks: _____				
Signature: _____				
Title: _____ Date: _____				

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP- prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4 a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4 b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> * Complete the information required in this section * Sign and date * Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> * Complete the information required in this section * Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> * Complete the information required in this section * Sign and date * Turn form over to complete SIDE 2 SECTION 3 	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> * Complete the information required in this section * Sign and date * Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> * Record receipt of the information * Retain the form
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Driver Questionnaire

How did you hear about us? _____

Did someone refer you? _____ If so, who? _____

Any end dump experience and how long? _____

How long have you been driving on a Class A license? _____

Will you be willing to go be out a few nights a week? _____

Have you ever had the Hazmat Endorsement? _____

Have you ever had tanker experience? _____