

COOPERATIVE SUPPLY, INC., NONSTOCK

239 Front Street, Dodge, Nebraska 68633

Application for Employment

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	E-mail Address			
Date Available	Social Security No.	Desired Salary		
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a misdemeanor or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, attach a statement explaining, including date(s) of conviction and description of charge(s)	

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES – Please list three references	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT – Must include all employment for at least the previous 3 years – NOTE: Persons applying for a position to drive a commercial motor vehicle must also provide for the 7-year period preceding the 3 years requested herein, a list of the names and addresses of the applicant's employers for which the applicant was the operator of a commercial motor vehicle, together with the dates of employment and the reason for leaving such employment. Attach an additional sheet of previous employers if necessary.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER, ACKNOWLEDGEMENT AND SIGNATURE	
I certify that the information and answers I have provided herein are true and complete to the best of my knowledge. I acknowledge that should I be offered employment with Cooperative Supply, Inc., Nonstock, such employment will be on an at-will basis. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.	
Signature	Date

FOR TRUCK DRIVERS ONLY

Department of Transportation Regulation § 391.21 requires you to provide us with a record of your addresses for the last three years. If you have not been at the present address listed above for three years, give previous addresses for the last three years.

Previous Address

Street Address		Apartment/Unit #
City	State	ZIP

Previous Address

Street Address		Apartment/Unit #
City	State	ZIP

Previous Address

Street Address		Apartment/Unit #
City	State	ZIP

Unexpired Commercial Driver's Licenses

License No.	State
Type	Exp. Date
License No.	State
Type	Exp. Date
License No.	State
Type	Exp. Date

DRIVING EXPERIENCE

EQUIPMENT CLASS	EQUIPMENT TYPE (Van, Tank, Flat, etc.)	DATES OPERATED		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

List states operated in for last five years _____

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

Which safe driving awards do you hold and from whom? _____

Accident record for the past 3 years or more (Attach sheet if more space needed)

DATES	NATURE OF ACCIDENT (Head On, Rear End, Upset, etc.)	FATALITIES	PERSONAL INJURIES
Last Accident			
Next Previous			
Next Previous			

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been convicted or forfeited bond or collateral during the past 3 years. (Attach sheet if more space needed)

LOCATION	DATE	CHARGE	PENALTY

To the extent any license, permit, or privilege to operate a motor vehicle previously issued to you was thereafter denied, revoked, or suspended, attach a detailed statement of the facts and circumstances of such denial, revocation, or suspension.

If no such denial, revocation, or suspension has occurred, indicate by marking the following box:

With respect to the employers you have identified above, identify with respect to each such employer whether you were subject to the Federal Motor Carrier Safety Regulations during your period of employment.

Employer _____ YES NO Employer _____ YES NO
 Employer _____ YES NO Employer _____ YES NO
 Employer _____ YES NO Employer _____ YES NO
 Employer _____ YES NO Employer _____ YES NO

With respect to the employers you have identified above, identify with respect to each such employer whether your job was designated as a safety sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing requirements.

Employer _____ YES NO Employer _____ YES NO
 Employer _____ YES NO Employer _____ YES NO
 Employer _____ YES NO Employer _____ YES NO
 Employer _____ YES NO Employer _____ YES NO

This certifies that this application for employment to drive a commercial motor vehicle 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

 Applicant's Date of Birth

DO NOT WRITE BELOW THIS LINE

Interviewed By	Date	Interviewed By	Date
1.		2.	

(Attach sheet if more space needed)

Remarks: _____

Starting _____ Regular Full Time Completed Yes Job _____ Start _____ B2 Hourly
 Date _____ Temporary Part Time Physical No Location _____ Rate _____ B1 Biweekly
 Per Pay Period S1 Salaried

Div. _____ Dept. _____ Pos. _____

Replaces _____ Supervisor _____

AUTHORIZATION FOR RELEASE AND VERIFICATION OF PERSONAL INFORMATION

I, _____, am an applicant for a position of employment with Cooperative Supply, Inc., Nonstock.

I authorize a review and full disclosure of all records, or any part thereof, about me to any authorized personnel of Cooperative Supply, Inc., Nonstock whether the records are public or private, even if the records may be otherwise considered to be privileged or confidential. I further authorize Cooperative Supply, Inc., Nonstock to check and verify the information I have provided in connection with my application for employment. I intend this authorization to be used in providing information that will be used to determine my suitability for employment with Cooperative Supply, Inc., Nonstock.

This authorization includes records of educational institutions; medical, psychological, and psychiatric consultation, and/or treatment; all military, selective service, and employment records; financial or credit institutions, credit reports or ratings; and criminal and/or traffic records.

All information in my application for employment with Cooperative Supply, Inc., Nonstock is true and complete to the best of my knowledge. I understand that all of the information in the application will be checked and verified. Any inaccurate, untruthful or misleading statements will be a reason for immediate rejection of the application without appeal. Discovery of any inaccurate, untruthful or misleading statements after beginning employment with Cooperative Supply, Inc., Nonstock, if such employment is offered and accepted, will be a reason for immediate termination of my employment.

A photocopy of this release will be valid as the original, even though the photocopy does not contain my original signature.

I agree to indemnify and hold harmless Cooperative Supply, Inc., Nonstock, its agents, officers, attorneys, contractors, employees and all persons releasing information requested pursuant to this authorization from all claims, demands, causes of action, damages, losses, and expenses arising out of or because of any matter relating to this authorization.

Date: _____

Applicant's Signature

Applicant's Date of Birth

Applicant's Social Security Number

Fair Credit Reporting Act Disclosure

This disclosure serves to notify you that in connection with your application for employment, Cooperative Supply, Inc., Nonstock may, for employment purposes, obtain one or more consumer reports from a Consumer Reporting Agency.

This disclosure is required under the Fair Credit Reporting Act.

Please sign below indicating that you have received a copy of this disclosure.

_____ (Print Name) _____ (Date)

_____ (Signature)

Applicant for Employment

DRUG TESTING DISCLOSURE AND CONSENT FORM

All new employees must pass a drug test prior to the date of employment. Any applicant who tests positive for illegal drug use will not be hired. Any applicant who refuses to submit to a drug test or interferes with the test will not be hired.

An applicant who has received a tentative job commitment from Cooperative Supply, Inc., Nonstock will have the opportunity, prior to testing at the lab, to list all prescriptions and non-prescription drugs used and their purpose during the preceding thirty (30) days. All applicants subject to testing must sign, prior to testing, an approved form consenting to the testing and consenting to the release of test results to Cooperative Supply, Inc., Nonstock and persons or entities designated by Cooperative Supply, Inc., Nonstock to review, interpret or collect such results.

Cooperative Supply, Inc., Nonstock may from time-to-time require additional drug testing of its employees, including but not limited to all employees involved in on-the-job accidents or injuries.

CONSENT FORM

AS AN APPLICANT FOR A POSITION OF EMPLOYMENT WITH COOPERATIVE SUPPLY, INC., NONSTOCK, I HEREBY CONSENT TO A TEST FOR THE PRESENCE OF ILLEGALLY USED SUBSTANCES IN MY BODY AND I AGREE TO FURNISH A SAMPLE OF MY URINE, BREATH, AND/OR BLOOD FOR SUCH PURPOSES. I UNDERSTAND THAT SHOULD THE PRESENCE OF ANY ILLEGALLY USED SUBSTANCES BE DETECTED IN ANY SUCH SAMPLE, I WILL NOT BE HIRED. I ALSO UNDERSTAND THAT SHOULD I REFUSE TO BE TESTED IN ACCORDANCE WITH COOPERATIVE SUPPLY, INC., NONSTOCK'S POLICIES OR IF I INTERFERE WITH THE TEST, I WILL NOT BE HIRED.

I ALSO CONSENT TO THE RELEASE OF THESE TEST RESULTS TO A DESIGNATED COMPANY OFFICIAL, AND AGREE TO INDEMNIFY AND HOLD HARMLESS COOPERATIVE SUPPLY, INC., NONSTOCK, ITS AGENTS, OFFICERS, ATTORNEYS, CONTRACTORS AND EMPLOYEES FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, LOSSES, AND EXPENSES FOR ANY ALLEGED HARM TO ME THAT MIGHT RESULT FROM SUCH TESTING AND RELEASE OF TEST RESULTS, INCLUDING LOSS OF EMPLOYMENT OR ANY OTHER KIND OF ADVERSE JOB ACTION, EVEN IF A COMPANY OR LABORATORY REPRESENTATIVE MAKES AN ERROR IN THE ADMINISTRATION OR ANALYSIS OF THE TEST OR THE REPORTING OF THE RESULTS.

I further agree that if I am employed by Cooperative Supply, Inc., Nonstock, upon a request made under the drug/alcohol testing policies of Cooperative Supply, Inc., Nonstock, and in accordance with Nebraska law, I will comply with all requests to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policies, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Cooperative Supply, Inc., Nonstock and/or its designated agent send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances, and for the laboratory or other testing facility to release any and all documentation relating to such test to Cooperative Supply, Inc., Nonstock and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I UNDERSTAND THAT COOPERATIVE SUPPLY, INC., NONSTOCK WILL REQUIRE A DRUG TEST WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY FOR PURPOSES OF TESTING FOR THE PRESENCE OF ILLEGAL OR PROHIBITED DRUGS AND ALCOHOL.

Date: _____

Applicant's Signature

Date of Birth

Social Security Number