



Heartland Cooperative Services Job Application

Name: Last _____ First _____ Middle _____

Address Street _____

City _____ State ____ Zip Code _____ Phone _____

Position Applied For _____

Days available for work _____ Times available _____

Special training or skills (languages, machine operation, etc) that would benefit you in the job for which you are applying _____

Would you accept full time work? Yes _____ No _____

Would you accept part time work? Yes _____ No _____

On what date would you be available for work? _____

Have you worked for this company before? _____ For which department? _____

If yes, dates. From _____ To _____

Are you legally eligible for employment in the United States? Yes ___ No ___ If yes, proof is required if hired.

If you are under 18, can you provide a work permit if required? Yes ___ No ___

Educational Background

High School _____ Location _____

Course of study _____ Did you graduate Yes ___ No _____

College _____ Location _____

Course of study _____ Did you graduate Yes ___ No ___ Degree _____

Graduate School _____ Location _____

Course of study _____ Did you graduate Yes ___ No ___ Degree _____

Vocational Training/Other _____ Location _____

Course of study _____ Did you graduate Yes ___ No ___ Degree _____

Continuing education _____

Employment Experience

Place an X in front of employer if you do not want us to contact them. (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 of interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.)

List employers in reverse order stating with the most recent. Explain gaps in employment.

___ Employer _____ Contact Name _____

Address _____ Phone # _____

Job title _____

Dates employed From (mm/yr) _____ to (mm/yr) _____ Hourly rate/salary _____

Reason for leaving _____ Starting _____ Ending _____

___ Employer _____ Contact Name _____

Address _____ Phone # _____

Job title _____

Dates employed From (mm/yr) _____ to (mm/yr) _____ Hourly rate/salary _____

Reason for leaving _____ Starting _____ Ending _____

Did you drive a vehicle requiring a CDL? Yes _____ No _____

___ Employer _____ Contact Name _____

Address _____ Phone # _____

Job title _____

Dates employed From (mm/yr) _____ to (mm/yr) _____ Hourly rate/salary _____

Reason for leaving _____ Starting _____ Ending _____

Did you drive a vehicle requiring a CDL? Yes _____ No _____

___ Employer _____ Contact Name _____

Address _____ Phone # _____

Job title _____

Dates employed From (mm/yr) _____ to (mm/yr) _____ Hourly rate/salary _____

Reason for leaving _____ Starting _____ Ending _____

Did you drive a vehicle requiring a CDL? Yes _____ No _____

References

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

If not applying for a driving or CDL position please skip the next section and go to the last section of this application on page 5.

DRIVER'S APPLICATION FOR EMPLOYMENT

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, non-job related disability, or any protected group status.

All questions must be answered. Please Print

List your addresses for the past 3 years

Current Address Street _____ City _____

State _____ ZIP code _____ Phone # _____ How Long _____

Previous Address Street _____ City _____

State _____ ZIP code _____ Phone # _____ How Long _____

Previous Address Street _____ City _____ Zip Code _____ How Current

Address Street _____ City _____

State _____ ZIP code _____ Phone # _____ How Long _____

Are you employed? _____ If not, how long since last employed? _____

Rate of pay expected? _____

Have you ever tested positive to a DOT regulated drug or alcohol screen? Yes _____ No _____

Is there any reason you might be unable to perform the functions of the job for which you are applying? Please ask for a job description.

If yes explain. _____

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

	Date	Nature of Accident	Fatalities	Injuries
Last accident	_____	_____	_____	_____
Next previous	_____	_____	_____	_____
Next previous	_____	_____	_____	_____

Traffic convictions and forfeitures for the past 3 years (Other than parking violations, if none, write none.)

Location	Date	Charge	Penalty
----------	------	--------	---------

Experience and qualifications-driver

State	License Number	Type	Expiration Date
Driver	_____	_____	_____
License	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____

Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____

Driving Experience

Type of Equipment	Dates From	To
Straight Truck	_____	_____
Tractor/Semi Trailer	_____	_____
Tractor/2 Trailers	_____	_____
Motor Coach/School Bus	_____	_____

List states operated in for the last five years _____

Other Experiences and Qualifications

Show any trucking, transportation or other experience that may help in the position applied for at Heartland Cooperative Services.

List courses or training that have not been previously listed that may help in your employment at Heartland Cooperative Services. _____

This certifies that this application was completed by me and that all entries on it and information in it are true and completed to the best of my knowledge.

I authorize Heartland Cooperative Services to make such investigations and inquiries of my personal, employment, financial or medical history, background check, DMV, and other related matters as may be necessary in arriving at an employment decision. (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 Heartland Cooperative Services.

Signature _____ Date _____

Bring proof of identity for orientation (Birth certificate or Driver's license) and original social security card or green card. Also bring a voided check or routing and account numbers for a savings or checking account to be used for direct deposit of payroll.