

Drop off in person or email to:  
MattP@heartlandcooperativeservices.com  
Attn : Agronomy - Seasonal



Circle the location you are applying for  
Athens, Dorchester, Marathon City,  
Owen, Sheldon

### 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.

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**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
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**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.

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

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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.