

# RIVER VALLEY COOPERATIVE

## Driver's Application for Employment

Company: \_\_\_\_\_ Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, non-job related disability, marital status or veteran status.

Date of Application: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_  
How Long?

Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age: \_\_\_Yes \_\_\_No  
(required for truck drivers)

### Address for Past Three Years

Street City State Zip Code How Long?

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Apart from absence for religious observance, are you available for full-time work? \_\_\_Yes \_\_\_No

If not, what hours can you work? \_\_\_\_\_ Will you work overtime, if asked? \_\_\_Yes \_\_\_No

Are you legally eligible for employment in the United States? \_\_\_Yes \_\_\_No

When will you be available to begin work? \_\_\_\_\_

Have you worked for this company before? \_\_\_Yes \_\_\_No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you currently employed? \_\_\_Yes \_\_\_No If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

## EXPERIENCE and QUALIFICATIONS - DRIVER

	State	License No.	Type	Expiration Date
DRIVER: LICENSES	<hr/>			
	<hr/>			
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### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles (Total)
		From	To	

Straight Truck

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Tractor and semi-trailer

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Other

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### Accident Record for Past Three Years or More (Attach sheet if more space is needed)

	Dates	Nature of Accident	Fatalities/Injuries
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Last Accident

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Next Previous

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Next Previous

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Next Previous

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### Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations) (Attach sheet if more space is needed)

Location	Date	Violation	Penalty
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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, attach statement giving details)

**EMPLOYMENT RECORD**  
(Attach sheet if more space is needed)

Note: DOT requires that employment for at least three years and/or Commercial Driving Experience for the past ten years be shown.

LAST EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

SECOND LAST EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

THIRD LAST EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain if you wish: \_\_\_\_\_

**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.

I hereby authorize all schools and colleges that I have attended, and my former employers to provide any information they may have about me and about my performance with them. I hereby release the schools, colleges and employers from any liability or damage whatsoever for providing this information. I understand that such information may include a record of disciplinary action accessed by a previous employer and I hereby release such party from any obligation to provide me with written notification of such disclosure. I also release the Company and its employees from any liability or damage whatsoever for receiving or using the information.

I understand that this application does not and is not intended to create a contract of employment. It is expressly understood that persons hired by the Company are hired at will and that employee may be discharged, or leave employment at any time, at the discretion of the Company or the employee. It is also understood that because an employee is hired by the Company, it does not mean that the employee has a contract or implied contract with the Company. Employment and compensation may be terminated with or without cause and with or without notice, at any time, at the discretion of the Company and/or the employee.

\_\_\_\_\_  
DATE APPLICANT'S SIGNATURE

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety regulations.

Applicant's Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

- A. A person is physically qualified to drive a motor vehicle if he/she:  
Has no loss of a foot, leg, hand or arm, or has been granted a waiver pursuant to Section 391.49.
- B. Whether an individual has an impairment of: (i) A hand or finger which interferes with pretension or power grasping; or (ii) an arm, foot or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or (iii) any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or (iv) has been granted a waiver pursuant to Section 391.49.
- C. A person is physically qualified to drive a motor vehicle if he/she:  
Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
- D. Whether an individual has a "current clinical diagnosis of" myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or cardiovascular disease; whether the "current clinical diagnosis of" is "known to be accompanied by "syncope, dyspnea, collapse, or congestive cardiac failure.
- E. Whether an individual has an established medical history or clinical diagnosis of a respiratory dysfunction, and whether that dysfunction is likely to interfere with an individual's ability to safely control and drive a motor vehicle.
- F. Whether an individual has current diagnosis of high blood pressure likely to interfere with a driver's ability to operate a motor vehicle.
- G. Whether an individual has an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease and whether that condition interferes with his/her ability to safely control and operate a motor vehicle.
- H. Whether an individual has an established medical history or clinical diagnosis of epilepsy; or whether an individual has any condition which is likely to cause the loss of consciousness; or whether an individual has any condition which would cause the loss of ability to control a motor vehicle.
- I. Whether an individual has a mental, nervous, organic, or functional diseases or psychiatric disorder, and whether the disease or disorder is likely to interfere with the driver's ability to drive a motor vehicle safely.
- J. Whether an individual has a distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses; whether an individual has distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses; and whether an individual has a field of vision of at least 70 degrees in the horizontal meridian in each eye; and whether an individual has the ability to recognize the colors of traffic signals and devices showing standard red, green and amber.
- K. Whether an individual can first perceive a forced whisper voice in the better ear at not less than five feet with or without the use of a hearing aid, or if tested by use of an audiometric device calibrated by the American Standards Association (Z24.5 - 1951), whether an individual has an average hearing loss in the better ear not greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz.
- L. Whether an individual uses a Schedule 1 drug or other substance identified in Appendix D to this subchapter (391.41), an amphetamine, a narcotic, or any other habit-forming drug.
- M. Whether an individual has a "current clinical diagnosis of alcoholism."

**IF YOU HAVE EVER HAD A CLINICAL DIAGNOSIS OR ARE SUFFERING FROM ANY OF THE FOREGOING, YOU MAY NOT BE PHYSICALLY QUALIFIED TO DRIVE A COMMERCIAL MOTOR VEHICLE, THEREFORE, YOU MUST SUPPLY A DOT-APPROVED MEDICAL CERTIFICATE WITH THE APPLICATION.**