

# CO-OP DRIVER'S EMPLOYMENT APPLICATION

**APPLICANT NOTE:** THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS IS NOT AN EMPLOYMENT CONTRACT. PLEASE ANSWER ALL APPROPRIATE QUESTIONS COMPLETELY AND ACCURATELY. FALSE OR MISLEADING STATEMENTS DURING THE INTERVIEW AND ON THIS FORM ARE GROUNDS FOR TERMINATING THE APPLICATION PROCESS OR, IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, COLOR, AGE, CREED, NATIONAL ORIGIN, SEXUAL ORIENTATIONS, MILITARY RESERVE MEMBERSHIP, ANCESTRY, RELIGION, HEIGHT, WEIGHT, USE OF A GUIDE OR SUPPORT ANIMAL BECAUSE OF BLINDNESS, DEAFNESS OR PHYSICAL HANDICAP, OR THE PRESENCE OF DISABILITIES. A FELONY CONVICTION WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT. ADDITIONAL TESTING OF JOB-RELATED SKILLS AND FOR THE PRESENCE OF DRUGS IN YOUR BODY MAY BE REQUIRED PRIOR TO EMPLOYMENT. AFTER AN OFFER OF EMPLOYMENT, AND PRIOR TO REPORTING TO WORK, YOU MAY BE REQUIRED TO SUBMIT TO A MEDICAL REVIEW. DEPENDING ON COMPANY POLICY AND THE NEEDS OF THE JOB, YOU WILL BE REQUIRED TO COMPLETE A MEDICAL HISTORY FORM AND MAY BE REQUIRED TO BE EXAMINED BY A MEDICAL PROFESSIONAL DESIGNATED BY THE COMPANY.

DATE OF APPLICATION \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_ CAN YOU WORK OVERTIME?  Yes  NO

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
LAST FIRST MIDDLE

CURRENT ADDRESS \_\_\_\_\_  
STREET CITY  
 \_\_\_\_\_  
STATE ZIP CODE PHONE How Long?

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?  Yes  No

DATE OF BIRTH \_\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE?  Yes  No  
(REQUIRED FOR COMMERCIAL DRIVERS)

HAVE YOU WORKED FOR CO-OP BEFORE? WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ PRESENT SALARY/WAGE \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_

### EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS IN ORDER TO DRIVE IN INTERSTATE COMMERCE. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE.

APPLICANTS WHO PLAN 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 STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

MOST RECENT EMPLOYER	DATES EMPLOYED
NAME	FROM ____/____/____ TO ____/____/____
STREET	POSITION HELD:
CITY STATE ZIP	SALARY/WAGE:
SUPERVISOR PHONE NO:	REASON FOR LEAVING:

SECOND MOST RECENT EMPLOYER	DATES EMPLOYED
NAME	FROM ____/____/____ TO ____/____/____
STREET	POSITION HELD:
CITY STATE ZIP	SALARY/WAGE:
SUPERVISOR PHONE NO:	REASON FOR LEAVING:

THIRD MOST RECENT EMPLOYER	DATES EMPLOYED
NAME	FROM ____/____/____ TO ____/____/____
STREET	POSITION HELD:
CITY STATE ZIP	SALARY/WAGE:
SUPERVISOR PHONE NO:	REASON FOR LEAVING:

FOURTH MOST RECENT EMPLOYER			DATES EMPLOYED			
NAME			FROM	___/___/___	TO	___/___/___
STREET			POSITION HELD:			
CITY	STATE	ZIP	SALARY/WAGE:			
SUPERVISOR	PHONE NO:		REASON FOR LEAVING:			

FIFTH MOST RECENT EMPLOYER			DATES EMPLOYED			
NAME			FROM	___/___/___	TO	___/___/___
STREET			POSITION HELD:			
CITY	STATE	ZIP	SALARY/WAGE:			
SUPERVISOR	PHONE NO:		REASON FOR LEAVING:			

\*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.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH ADDITIONAL SHEET IF NEEDED) IF NO, CHECK NO

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES		INJURIES	
LAST ACCIDENT:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NEXT PREVIOUS:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NEXT PREVIOUS:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, CHECK NONE

LOCATION	DATE	CHARGE	PENALTY
		<input type="checkbox"/> NONE	<input type="checkbox"/> NONE

EDUCATION: GRADUATED HIGH SCHOOL?  Yes  No COLLEGE?  YES  No

**DRIVE EXPERIENCE AND QUALIFICATIONS**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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
- IF ANY ANSWER IS YES, ATTACH STATEMENT GIVING COMPLETED DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE (VAN, TANK, FLAT, ETC.)	FROM AND TO DATES	TOTAL MILES DRIVEN
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
MOTOR COACH-SCHOOL BUS			
OTHER			

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I agree that any claim or lawsuit relating to my service with Co-op or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_