## CO-OP DRIVER'S EMPLOYMENT APPLICATION

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.

OATE OF APPLICATION	Position Appl	Position Applied For		CAN YOU WORK OVERTIME? YES			
\ame				SOCIAL SECURITY NUMBER			
LAST	FIRST	MIDDLE					
URRENT ADDRESS							
	STREET			CITY			
			PHONE	How Lon	ig?		
STATE	ZIP CODE						
O YOU HAVE THE LEGAL RIGH	T TO WORK IN THE UNITED STATES?	YES	□No				
ATE OF BIRTH	Can	YOU PROVIDE PROOF	OF AGE? ☐ YES	□No			
(REQUI	RED FOR COMMERCIAL DRIVERS)						
AVE YOU WORKED FOR CO-O	P BEFORE? WHEN?	W	HERE?				
NHO REFERRED YOU?		PRESENT SAL	ARY/WAGE_	RATE OF PAY EX	PECTED		
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