



DRIVER APPLICATION FOR EMPLOYMENT

Gold-Eagle Cooperative
415 North Locust
PO Box 280
Goldfield IA 50542



515-825-3161

1-800-825-3331

Candidates for Gold-Eagle Cooperative Must, at a Minimum, Demonstrate the Following Characteristics:

*Submit to and pass a pre-employment drug screen & physical.

*Be fully bondable in accordance with applicable standards of our bonding company.

Form containing fields for Name, Social Security Number, Driver License Number, Current Address, and three previous addresses. Includes questions about employment history and availability.

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Have you ever been convicted of or pled guilty to a crime? Yes No

** Attach a statement with further details if necessary.

Table with 3 columns: Date of Conviction or Guilty Plea, Original Charge, Disposition (Penalty and/or Time Served). Title: Criminal Convictions

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Employment Record

Start with the last or current position, including military experience, and work backwards.

Current Employer: _____ Supervisor's Name: _____
 Current Address: _____ City: _____ St _____ Phone (____) _____
 Position Held: _____ From: ___/___/___ To: ___/___/___ Salary: _____
 Reason for Leaving: _____
 Were you subject to the Federal Motor Carrier Safety Regulations while employed ^ ? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to 49 CFR Part 40 alcohol/drug testing? Yes No

Employer: _____ Supervisor's Name: _____
 Current Address: _____ City: _____ St _____ Phone (____) _____
 Position Held: _____ From: ___/___/___ To: ___/___/___ Salary: _____
 Reason for Leaving: _____
 Were you subject to the Federal Motor Carrier Safety Regulations while employed ^ ? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to 49 CFR Part 40 alcohol/drug testing? Yes No

Employer: _____ Supervisor's Name: _____
 Current Address: _____ City: _____ St _____ Phone (____) _____
 Position Held: _____ From: ___/___/___ To: ___/___/___ Salary: _____
 Reason for Leaving: _____
 Were you subject to the Federal Motor Carrier Safety Regulations while employed ^ ? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to 49 CFR Part 40 alcohol/drug testing? Yes No

^ The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more. (2) Is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity required placarding.

Accident History (3 years)

If no accidents within the last 3 years~check here _____

Date	Nature of accident (Head-on, rear end, etc.)	Number of fatalities	Number of injuries	Haz-Mat Spill?

Traffic Convictions (3 years)

If no traffic convictions in the last 3 years~check here _____

Date Convicted	Violation	State of Violation	Penalty (fine, jail, etc...)

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

 Reason _____

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.”

I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	EXPIRATION DATE
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ____ Yes ____ No		
If yes, give details _____		
B. Has any license, permit or privilege ever been suspended or revoked? ____ Yes ____ No		
If yes, give details _____		

DRIVING EXPERIENCE

If no driving experience within the last 3 years--check here _____

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		From	To	
Straight Truck	Van, Reefer, Tank, Flat			
Tractor and Semi-Trailer	Van, Reefer, Tank, Flat			
Tractor-Two Trailers	Van, Reefer, Tank, Flat			
Tractor-Three Trailers	Van, Reefer, Tank, Flat			
Motor coach-School Bus	N/A			

EXPERIENCE AND QUALIFICATIONS—OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

Have you received any safe driving awards and from whom? _____

This is to certify that this 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.

DATE: _____ APPLICANTS SIGNATURE _____

GOLD-EAGLE COOPERATIVE
Applicant Notification and Release

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employer to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your rights under the Fair Credit Reporting Act.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Gold-Eagle Cooperative to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil records, workers' compensation (post-offer only) and drug testing;
3. In accordance with the Department of Transportation Motor Carrier Safety Regulations Section 382.413, information concerning alcohol and controlled substances for the past 2 years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as Gold-Eagle Cooperative from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Gold-Eagle Cooperative to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name _____
(please print clearly)

Signature _____

Date _____

Drivers License Number

Applicant's Date of Birth (month/day/year)