



Dakota Plains Cooperative

APPLICATION FOR EMPLOYMENT

Dakota Plains Cooperatives an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Notice: Substance and Alcohol Testing is required of applicant.

PERSONAL INFORMATION

Date: _____

Social Security Number: _____ - _____ - _____

Applicant Name:

_____ Last _____ First _____ Middle

Present Address: _____ Dates: _____
 _____ Street _____ City _____ State _____ Zip Code _____ From _____ To _____

Addresses for the past three (3) years:

Previous Address: _____ Dates: _____
 _____ Street _____ City _____ State _____ Zip Code _____ From _____ To _____

Previous Address: _____ Dates: _____
 _____ Street _____ City _____ State _____ Zip Code _____ From _____ To _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Phone Number: () _____ - _____

Are you 18 years old or older? Yes No

Are you authorized to work in the U.S.? Yes No

Referred by: _____

State the name of any relatives, other than spouse, already employed by this company. _____

POSITION DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Have you previously worked for this company? Yes No If so, from _____ to _____

Reason for leaving: _____ Former supervisor(s) at this Company: _____

How did you learn of this opening: _____?

EDUCATION

Name and Location of School	Circle year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: _____

Other special skills: _____

Have you ever been convicted of a crime?* Yes No

If yes, provide details, including date(s): _____

*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

Employment History

Please provide information on past employers during the **preceding 10 years**, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____ May we contact: Yes No

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? Yes No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? Yes No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? Yes No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

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EXPERIENCE AND QUALIFICATIONS - DRIVERS

Drivers License # _____ State: _____ Expiration Date: _____

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Date	Location	Charge	Penalty

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 the answer is yes to either of the two previous questions, attach a statement giving the details)

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
Last Accident: _____				
Next Previous: _____				
Next Previous: _____				

If you need more room, you may attach another sheet of paper.

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	Years Acquainted

TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize Dakota Plains Cooperative to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give Dakota Plains Cooperative any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release Dakota Plains Cooperative and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to Dakota Plains Cooperative's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of Dakota Plains Cooperative has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT DAKOTA PLAINS COOPERATIVE HAS THE SAME RIGHT.

Date _____ Signature: _____