



Ottawa Cooperative Association

302 N. Main

Ottawa, KS 66067

785-242-5170

FAX: 785-242-0585

EMPLOYMENT APPLICATION

We Are An Equal
Opportunity
Employer

TO ALL APPLICANTS: Please complete this form in detail. The law prohibits discrimination based on age, sex, religion, race, color, national origin and disability. Attach a separate sheet if more space is needed to provide the requested information.

1. PERSONAL INFORMATION

Name: _____ Date: _____

Social Security Number: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Whom may we contact if you cannot be reached? Name: _____

Address: _____ Phone: _____

If related to anyone currently employed by Ottawa Coop – State Name and Location:

Referred by: _____

(Circle answers)

Are you a citizen of the U.S.A. or otherwise lawfully authorized to work in the U.S.? Yes No

Were you subject to the FMCSR's while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Have you ever tested positive for drugs? Yes No

Are you currently on lay-off status and subject to recall? Yes No

Are you over the Age of 18? Yes No

May we contact your present employer? Yes No

Have you ever been convicted of a felony? Yes No

2. EMPLOYMENT DESIRED

Position Title Applied For: _____ Date Available: _____

Available to work (Circle all that apply) Full-Time Part-Time Temporary

Are you able to perform job related functions? Yes No

Salary Desired: _____ /Per _____

Location Desired: _____ Willing to relocate? Yes No

Have you worked for a Coop Before? Yes No

If yes, where? _____

From Mo./Yr. _____ To Mo./Yr. _____

3. EDUCATION

High School (name & location): _____

Diploma or Equivalency Yes No

For	Years	Major	Graduated?	Date Degree	Degree & GPA
Undergraduate/Graduate/Technical					

6. APPLICANT'S STATEMENT, ACKNOWLEDGMENT AND AGREEMENT

You must read the following statements and agreements and by signing your name, you acknowledge that you have read, understand and agree to all statements and agreements.

- (1) I 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.
- (2) I authorize investigation of all statements made in this application. I understand and agree that any misrepresentation or omission of fact for any information requested is cause for dismissal regardless of when it is discovered.
- (3) I agree, in the event and in consideration of my employment by The Ottawa Cooperative Association:
 - a. Without recompense or remuneration to assign and transfer to The Ottawa Cooperative Association all inventions, discoveries, ideas and improvements conceived, developed or made by me during my employment by The Ottawa Cooperative Association which are useful in or related to The Ottawa Cooperative Association's present or prospective business; to disclose promptly in writing to The Ottawa Cooperative Association all such inventions, discoveries, ideas and improvements and not to disclose any of them to any other party or person except as required by my employment, without the express consent of The Ottawa Cooperative Association; to execute all papers, including application for patents, and perform all other lawful acts which The Ottawa Cooperative Association may deem necessary or advisable, to vest fully in The Ottawa Cooperative Association all rights of ownership in such inventions, discoveries, ideas and improvements.
 - b. To conform to the rules, practices and policies of The Ottawa Cooperative Association and I understand that my employment and compensation with The Ottawa Cooperative Association may be terminated with or without notice, at any time, at the option of The Ottawa Cooperative Association or myself.
 - c. To keep confidential all information, records, documents, data, designs, drawings, formulas, notes, blueprints, methods and processes in possession of or in use by The Ottawa Cooperative Association as owner, licensee, or permittee, or otherwise, which I may obtain or have knowledge of because of my employment by The Ottawa Cooperative Association, and, except as required by my employment not to remove from the property of The Ottawa Cooperative Association any of the above items, matters and things relating to or dealing with any business of The Ottawa Cooperative Association, or make copies thereof, of such items, matters and things, whether made by me or by others, being recognized as the property of The Ottawa Cooperative Association, and not to be used for my own or another's benefit or communicated to another either before or after termination of employment with The Ottawa Cooperative Association, without the written consent of The Ottawa Cooperative Association.
- (4) I acknowledge that The Ottawa Cooperative Association and/or its agents may investigate any information that it believes is business relevant including, but not limited to, employment history, educational background, criminal records, and driving record. I release any employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information.

I also authorize my former employers, schools and personal references to provide any information that would be relevant to performing the position they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

- (5) I understand that The Ottawa Cooperative Association is committed to a drug-free work place. I agree to participate in pre-employment substance abuse testing, the results of which will be provided to The Ottawa Cooperative Association. Satisfactory test results will be a condition of employment.

The undersigned acknowledges that by signing in the space provided below that he/(she) have read the above statements and agreements and understand and agrees to the same.

Date: _____ Applicant's Signature X _____

7. FOR TRUCK DRIVERS ONLY

Department of Transportation Regulation 391.2 requires you to provide us a record of your addresses for the last three years. If you have not been at your present address for three years, give previous addresses below:

Previous Address: _____

Previous Address: _____

Previous Address: _____

Current Drivers License

State	License Number	Type	Expiration Date

Birthdate: _____

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 A or B is yes, attach statement giving details.)

DRIVING EXPERIENCE

Equipment Class	Equipment Type (Van, Tank, Flat, Etc.)	Dates Operated From	Dates Operated To	Approx. No. of Miles – (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards to you hold and from whom? _____

Accident record for the past 3 years or more (Attach sheet if more space is needed)

Dates	Nature of Accident (Head on, Rear End, Upset, Etc.)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking) (Attach sheet if more space is needed)

Location	Date	Charge	Penalty