



**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					

(name of school & location)	Completed	Subject	(Yes or No)	Granted	

Describe any specialized training, apprenticeship, certification and/or skills: \_\_\_\_\_

\_\_\_\_\_

Typing – WPM: \_\_\_\_\_

Computer Software used: \_\_\_\_\_

List Professional/Civic Organizations that you are associated with: \_\_\_\_\_

**4. BUSINESS REFERENCES**

Name	Address & Phone	Relationship	Company & Work Number	Yrs. Acquainted

**5. FORMER EMPLOYERS**

Dates	Name & Address	Supervisor	Salary	Position Title Work Duties	Reason for Leaving
From To					
From To					
From To					
From To					
From To					

## 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 note 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

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DO NOT WRITE BELOW THIS LINE

Interviewed By	Date	Interviewed By	Date

Remarks: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Full-Time    Part-Time    Temporary

Completed Physical?    Yes    No

Job Location: \_\_\_\_\_ Start Rate: \_\_\_\_\_/Hr, Annual



### DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested. These reports may include the following types of information: names and dates of previous employers, reason for termination or employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record from federal, state and other agencies which maintain such records; as well as information concerning previous driving record requests made by others from such state agencies and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE OTTAWA COOPERATIVE ASSOCIATION OR ONE OF ITS AGENTS TO FURNISH ABOVE-MENTIONED INFORMATION.

I have the right to make a request, upon proper identification, in regards to the nature and substance of all information on me at the time of request, including the sources of information and recipients of any reports on me which have previously been furnished within the two year period preceding my request. I hereby consent to your obtaining the above information, and I agree that such information which is obtained, and my employment history with you if I am hired, will be supplied to other companies upon request.

I hereby authorize procurement of any and all motor vehicle records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure a motor vehicle record at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



Motor Vehicle Driver's  
CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each Driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months, (Section 391.27)

DRIVER REQUIREMENTS: Each Driver shall furnish the list as required by the motor carrier above. If the Driver has not been convicted of or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violation(s) are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expire \_\_\_\_\_

\_\_\_\_\_  
Driver Signature License Issue Date

Ottawa Cooperative Association, 302 N. Main, Ottawa, KS 66067

\_\_\_\_\_  
Signature of Reviewer Title Date



NOTICE TO DRIVERS &  
CERTIFICATE OF COMPLIANCE

1. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

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TO BE RETAINED BY THE CARRIER

2. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986.

Driver's name (Print) \_\_\_\_\_ SSN# \_\_\_\_\_

Driver Address \_\_\_\_\_  
\_\_\_\_\_

License: State \_\_\_\_\_ Type/Class \_\_\_\_\_ I.D. # \_\_\_\_\_

I further certify that the above commercial vehicle license is the only one held or that I have surrendered the following license(s) to the state(s) indicated.

State \_\_\_\_\_ Type/Class \_\_\_\_\_ I.D. # \_\_\_\_\_  
State \_\_\_\_\_ Type/Class \_\_\_\_\_ I.D. # \_\_\_\_\_

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_