

# APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status. Cooperative Producers, Inc. is an Equal Opportunity Employer.

Please print and complete all necessary information.

## PERSONAL INFORMATION

Name (First, MI, Last): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about the employment opportunity?  Newspaper  Phone Inquiry  Location Inquiry  Employment Agency  
 Online  Referred by \_\_\_\_\_  Other \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Desired Salary/Hourly Range: \_\_\_\_\_

Type of Position:  Full-time  Part-time  Seasonal Are you a Commercial Driver License (CDL) holder?  Yes  No

Have you ever been employed with us before?  Yes  No If Yes - Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Do any of your relatives currently work for CPI?  Yes  No If Yes - Name: \_\_\_\_\_ Location: \_\_\_\_\_

Best Time to Contact You:  AM  PM Date Available to Start: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No  
*(If offered employment, you will be required to provide documentation to verify eligibility.)*

## EDUCATION

Name & Location of Last School Attended: \_\_\_\_\_

High School  Business/Trade/Technical  College  Graduate  Other \_\_\_\_\_

Course of Study: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree of Diploma: \_\_\_\_\_

List most recent employer first, including U.S. Military Service. CDL Applicants list previous employers in the last 10 years.  
Account for gaps between employers. If owner/operator, list carriers leased to.

## PREVIOUS EMPLOYMENT

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

**PREVIOUS EMPLOYMENT - CONTINUED**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

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Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

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**CDL Applicants please use the back page to list any additional previous employers in the last 10 years.  
Account for gaps between employers. If owner/operator, list carriers leased to.**

Please do not include family members.

## REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

## OTHER ACCOMPLISHMENTS

Membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age, marital status, disability, or national origin.)

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## APPLICANT'S STATEMENT & AUTHORIZATION

I hereby certify that the facts set forth in the above employment application are true and compete to the best of my knowledge and authorize Cooperative Producers, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Cooperative Producers, Inc. of any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

**I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and "references" I provided,** and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

**I fully understand and accept all terms and conditions in the above statement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application for employment is good for 90 days only.  
Consideration for employment after 90 days requires a new application.**

**CDL Applicants please list any additional previous employers in the last 10 years.  
Account for gaps between employers. If owner/operator, list carriers leased to.**

**ADDITIONAL PREVIOUS EMPLOYMENT**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No