



NON CDL HOLDER

EMPLOYMENT APPLICATION

**COUNTRY VISIONS
COOPERATIVE**

Olson Pro Consulting, LLC.

Safety & Regulatory Consulting Services
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APPLICANT INSTRUCTIONS

AS AN APPLICANT AT COUNTRY VISIONS COOPERATIVE, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. Thoroughly complete the Application for Employment (3 Pages).
2. Thoroughly complete the Driver Supplement if you have a Driver License (1 Page).
3. Read and sign the Employee Right to Correct Information Form.
4. Complete Applicant Information Form.
5. Return all forms to Country Visions Cooperative Point of Contact.

Country Visions Cooperative Employment Application

Country Visions Cooperative is an Equal Opportunity / Affirmative Action employer. Qualified applicants will be considered for positions without regard to race, color, creed, religion, sex, sexual preference, national origin, age, marital status, veteran status, citizenship status, status with regard to public assistance, or disability. We may verify the information in your application, therefore, please review it for completeness and accuracy.

Please print clearly - fill out completely.

Name (first, middle, last)		Preferred first name	Today's Date
Social Security Number - -	Telephone Number ()	Alternate Number ()	Are you under 18 years of age? Yes No
Present Address		City/State	
Permanent Address		City/State	

Position Desired		Have you applied at Country Visions Cooperative before? Yes No If yes, when?
Date available to start work	Starting wage desired	Do you have the legal right to work in the United States?
Are you willing to relocate? Yes No	Can you travel if required? Yes No %	Have you previously worked at Country Visions Cooperative?
Indicate the type of employment desired: Full-time Part-time Temporary Rotating Shifts Weekend hours On-Call Summer		
Referred to Country Visions Cooperative by:		If through a newspaper, please indicate specific ad.

Have you ever been convicted of a felony? Y N (Circle appropriate and explain ALL convictions on a hand written attachment).

Education

Circle highest year of school completed in each category.	High School	College/University				Graduate School				
	9 10 11 12	1	2	3	4	1	2	3	4	5
Name of School (city, state)	Major Studies	Did you graduate? Yes or No	If yes, date of graduation		Degree/ Major	Cumulative GPA or Grade Average (A = 4.0)				
High School										
Business, Trade or Correspondence										
College (undergraduate)										
Attending school now: Yes No If yes, where?										
List subjects of special study or training										

Employment History

May we contact your present employer for verification? Yes No	May we contact you at your place of business? Yes No Telephone () _____
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Please begin with present or most recent employer. Account for full-time and part-time or temporary employment.

Use separate paper if necessary.

Dates/Salary	1. Full name of employer 2. Street 3. City, State, ZIP Code	4. Type of business 5. Position title 6. Name of Supervisor/telephone	Describe major responsibilities	Full time Part time Temporary
From (mo-yr)	1.			
	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:			

Dates/Salary	1. Full name of employer 2. Street 3. City, State, ZIP Code	4. Type of business 5. Position title 6. Name of Supervisor/telephone	Describe major responsibilities	Full time Part time Temporary
From (mo-yr)	1.			
	2.			
	3.			
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	6.			
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	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:			

Business/Professional References

Name	Title	Company	Phone Number

Understanding regarding conditions of employment

I hereby give Country Visions Cooperative the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify Country Visions Cooperative against any liability which might result from making such investigation. I understand that any false answer or statement or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Country Visions Cooperative., and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding up Country Visions Cooperative, unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and that Country Visions Cooperative retains a similar right.

I understand that, if hired, I will be required to furnish proof of identity and right to work in the United States.

Applicants, who are offered employment with Country Visions Cooperative, may be subject to testing for use of illegal drugs according to company policy/procedure.

Signature	Date
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Driver Application Supplement

Applicant's Name:	Social Security Number:	Date of Birth:
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Driver's Licenses and Addresses for the Past Three Years

Addresses		Driver's Licenses				
Address	Dates Resided	State	License #	Type	Endorsements	Exp. Date

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	From (date)	To (date)	Approximate number of miles driven

List states operated in during the last five years:

Which safe driving awards do you hold and from whom?

Accident Record for the Past Three Years

Date	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past Three Years (excluding parking)

Location	Date	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 revoked or suspended?	Yes	No
If yes, explain:			If yes, explain:		

To be Read and Signed by Applicant

It is understood and agreed that any misrepresentation by me in this application may be cause for cancellation of the application and/or for separation from the company's service if I have been employed.

I authorize and request any and all of my former employers and any other person to furnish Country Visions Cooperative and any agent acting on its behalf, any information they may have concerning information relevant to employment consideration. Moreover, I hereby release each such employer and each such other person from any and all liability of whatsoever nature by reason of furnishing such information to Country Visions Cooperative and any agent acting on its behalf.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment.

This certifies that the Application Supplement was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

Date:	Applicant's signature:
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Employees Right to Correct Information Form

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to the your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

I certify that this application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

(Applicant's Signature)

(Date)

Applicant Information Form

Personal Information

Full Name: _____

Date of Birth: _____

Home Address: _____

Phone Number: _____

E-mail Address: _____

Social Security Number: _____

Driver's License Information

Driver's License Number: _____ State: _____

Date Issued: _____ Expires: _____

Country Visions Cooperative will email completed app to Olson Pro Consulting, LLC. for processing at

allison@olsonproconsulting.com