

Country Visions Cooperative CDL Employment Application



1010 W Ryan Street, Brillion, WI 54110

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.

General Information

Name: _____ Date: _____
(First) (Middle) (Last)

Social Security Number: _____ Date of Birth: _____

Phone Number: _____ E-mail: _____

Previous Three Years Residency <i>Attach additional sheet if more space is needed.</i>					
	Street	City	State	Zip Code	# of Years at Address
Current					
Mailing					
Previous					
Previous					

Position Desired: _____

Desired Start Date: _____ Desired Starting Wage: _____

Type of Employment Desired:

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> On Call |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Summer |

Have you applied at Country Visions Cooperative before? Yes No

Have you previously worked for Country Visions Cooperative? Yes No

Do you have the legal right to work in the United States? Yes No

Are you willing to relocate? Yes No

Can you travel if required? Yes No

Referred By: _____

Education

High School

Have you received a high school diploma or its equivalent? ___ Yes ___ No

If yes, please list: _____
(Name of High School) (City) (State)

College

Name of School	Dates		Degree, Diploma, or Credits Earned
	From	To	

Other Qualifications

Please list any other qualifications that you have and which you believe should be considered:

Employment

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
Name		Phone			
Address					
Position Held		From (Mo/Yr)		To (Mo/Yr)	
Reason For Leaving				Salary	
Explain Any Gaps in Employment (Include Mo/Yr & Reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

SECOND (MOST RECENT) EMPLOYER					
Name		Phone			
Address					
Position Held		From (Mo/Yr)		To (Mo/Yr)	
Reason For Leaving				Salary	
Explain Any Gaps in Employment (Include Mo/Yr & Reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

THIRD (MOST RECENT) EMPLOYER					
Name		Phone			
Address					
Position Held		From (Mo/Yr)		To (Mo/Yr)	
Reason For Leaving				Salary	
Explain Any Gaps in Employment (Include Mo/Yr & Reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

Business/Professional References

Name	Title	Company	Phone Number

Driver Information

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

License Information

State	License #	Type/Class	Endorsements	Expiration Date
Previously Held Licenses				

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. # of Miles (Total)

Accident Record

Please account for the past three years. Attach additional sheet if more space is needed.

Check this box if none:

Dates	Nature of Accident (Head on, rear end, etc.)	# Fatalities	# Injuries	Chemical Spill (Y/N)

Traffic Convictions and Forfeitures

Please account for the past three years. Do not include parking violations. Attach additional sheet if more space is needed.

Check this box if none:

Date Convicted	Violation	State of Violation	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YES NO If yes, please explain:

Has any license, permit, or privilege ever been suspended or revoked?

YES NO If yes, please explain:

Additional Information:

Have you failed or refused to complete a DOT Pre Employment Drug Test within the last two years? YES NO

Federal Medical Card

Are you exempt from having a federal medical card? YES NO

If so, please explain the exemption (grandfathered, etc.) :

If you do have a medical card, what is its expiration date? _____



REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to Olson Pro Consulting, LLC., for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations.

Applicant Signature: _____ Date: _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box):

_ Mailed, Date: _____

_ Faxed, Date: _____

_ Emailed, Date: _____

_ Received by Phone, Date: _____

Name of Contact: _____

Name of Applicant: _____

Social Security Number: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made an application to _____ (company) for a position as a _____ and states that he/she was employed by you as a _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the three years preceding (date of application) _____.

Please complete the information on the reverse side of this form and return to us within 30 days, as required by section 391.23(g). You may return the information by telephone, fax, mail, or e-mail.

Olson Pro Consulting, LLC.
Attention: Allison Olson
255 N 10th St #205, De Pere, WI 54115
allison@olsonproconsulting.com
Phone: 920-366-2520
Fax: 888-519-9591

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature: _____

Applicant Name (printed): _____

Date: _____

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, will be subject to testing for use of illegal drugs according to company policy/procedure.

Applicant Signature

Date

Employees Right to Correct Information Form

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i) (1) you have the following rights with regard to the safety performance history information provided by your previous employers.

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 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.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

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)

**General Consent for Limited Queries of the Federal Motor Carrier Safety
Administration (FMCSA)
*Drug and Alcohol Clearinghouse***

I, _____, hereby provide consent to Country Visions Cooperative to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited queries conducted by Country Visions Cooperative indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Country Visions Cooperative without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Country Visions Cooperative to conduct limited queries of the Clearinghouse, Country Visions Cooperative must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

