



RETURNING SEASONAL CDL HOLDER EMPLOYMENT APPLICATION

COUNTRY VISIONS COOPERATIVE

Olson Pro Consulting, LLC.

Safety & Regulatory Consulting Services

(920) 366-2520

Email: allison@olsonproconsulting.com

SEASONAL APPLICANT INSTRUCTIONS

AS A RETURNING SEASONAL APPLICANT WITH A COMMERCIAL DRIVERS LICENSE, AT COUNTRY VISIONS COOPERATIVE, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. Complete Returning Seasonal CDL Employment Application (Page 3).
2. Complete Past Employment History (Page 4).
3. Read and sign Understanding Regarding Conditions of Employment. (Page 4).
4. Read and sign the Employee Right to Correct Information Form (Page 5).
5. Complete Certificate of Violations Form (Page 6).
6. **Sign the top of the “Request for Information from Previous Employer” page where it says applicant signature and date it. DO NOT COMPLETE THE PAGE.**
7. Give a copy of your Medical Certificate Card, (For DOT Physical) to Country Visions Cooperative Point of Contact.
8. Make a copy of your CDL (front and back) and give to Country Visions Cooperative Point of Contact.

*****Return all forms to Country Visions Cooperative Point of Contact.**

You may also be required to complete a Pre-Employment Controlled Substance test, which will be scheduled by the Country Visions Cooperative Point of Contact.

Country Visions Cooperative

1010 W Ryan Street, Brillion, WI 54110

Returning Seasonal CDL 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.

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State: _____

Date Issued: _____ Expires: _____

Class: _____ Endorsements: _____

Hazmat Expires: _____

If you have a Medical Card, what is its expiration date? _____

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 and driver files.

This certifies 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.

Date:	Applicant's signature:
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****Only complete fields 1-7 below if any of the information has changed in the previous year****

1. Telephone number: _____

2. Address: _____

3. E-mail Address: _____

- 4. Have you been convicted of a felony? No Yes (explain ALL convictions on a hand written attachment)
- 5. Have you failed or refused to complete a DOT pre-employment drug test in the last two years? No Yes
- 6. Have you been denied a license, permit or privilege to operate a motor vehicle? No Yes
- 7. Has any license, permit or privilege been revoked or suspended? No Yes

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 in the past year.

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:		Was this a safety sensitive position regulated by the DOT, subject to Drug and Alcohol testing? YES NO Applicant was subject to FMCSRs while employed? YES NO	

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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

Certificate of Violations

Driver Certification (to be completed by driver)

I certify:

- That I comply with the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations (if applicable).
- That I have reported all moving traffic violations to my supervisor during the past 12 months.
- That my CDL is current and is registered in the state of residence.
- That my DOT physical is current and in my possession while driving if required.
- 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.

Citations: If none, circle **NONE**. If convicted of a moving violation, list by type and date:

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's signature: _____ 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's 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 Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to _____
(company) for a position as _____ and states that he/she was
employed by you as _____ 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 3 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 email.

Olson Pro Consulting, LLC
Attention: Allison Olson, Compliance
255 N 10th St #205
De Pere, WI 54115
Telephone: 920 366 2520
Email: allison@olsonproconsulting.com