



AGRI-CORP

2352E 990S
Hazelton, Idaho 83335
208-829-5316

ANSWER ALL QUESTIONS- PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of Application: ___/___/20___ Position(s) applied for: _____

Name: _____ Social Security No: ___/___/___
Last Name First Name MI

Home Phone Number: () _____ - _____ Cell Phone () _____ - _____

Addresses of residency for last three years:

STREET CITY STATE ZIP HOW LONG? (YEAR/MONTH)

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Do you have the legal right to work in the United States? Yes No Date of Birth: ___/___/___

Can you provide proof of age? Yes No Have you worked for this company before? Yes No

Where? _____ Dates: ___/___ - ___/___ Rate of pay: _____

Position: _____ Reason for leaving: _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been convicted of a felony? Yes No Explain if yes: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes No Explain if you wish: _____

Have you ever tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past 2 years? Yes No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

Experience & Qualifications- List all driver's licenses you currently hold

State	License #	Type	Expiration Date

Accident record for past 3 years, if none, write none. (Attach sheet if more space is needed)

Date	Type of Accident	Injuries	Fatalities
Last Accident			
Next previous			
Next previous			

Employment History

Please list your employment history for the last 10 years, including any gaps in employment, in reverse order starting with the most recent. Add another sheet if needed.

Employer		Date	
Name		From: Month Year	To: Month Year
Address		Position	
City	St Zip	Rate of Pay	
Contact person	Phone ()	Reason for leaving	
Where you in a random drug/alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Date	
Name		From: Month Year	To: Month Year
Address		Position	
City	St Zip	Rate of Pay	
Contact person	Phone ()	Reason for leaving	
Where you in a random drug/alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Date	
Name		From: Month Year	To: Month Year
Address		Position	
City	St Zip	Rate of Pay	
Contact person	Phone ()	Reason for leaving	
Where you in a random drug/alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Date	
Name		From: Month Year	To: Month Year
Address		Position	
City	St Zip	Rate of Pay	
Contact person	Phone ()	Reason for leaving	
Where you in a random drug/alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Date	
Name		From: Month Year	To: Month Year
Address		Position	
City	St Zip	Rate of Pay	
Contact person	Phone ()	Reason for leaving	

Where you in a random drug/alcohol Program? Yes No | Did you drive a vehicle requiring a CDL? Yes No

Employer			Date			
Name			From: Month	Year	To: Month	Year
Address				Position		
City		St	Zip		Rate of Pay	
Contact person			Phone ()		Reason for leaving	
Where you in a random drug/alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did you drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Traffic convictions & forfeitures for the last 3 years (other than parking). If none, write None

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 suspended or revoked? Yes No

If yes, explain: _____

Driving Experience

Class of Equipment	Type of Equipment	From	To	Total # of Miles
Straight Truck				
Tractor & Semi-trailer				
Tractor & two trailers				
Motorcoach/School Bus				
Other				

List states operated in last 5 years: _____

List any safe driving awards: _____

List any special training: _____

Any other transportation/special training: _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

To be read & signed by applicant

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.

I authorize you to make such investigations and inquiries of personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Date: _____/_____/20____ Applicant's Signature: _____