

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

Advertisement Relative Inquiry Friend Other _____

PERSONAL INFORMATION

Last Name First Name Middle Name

Address City State Zip Code

Best time to contact you at home is: _____:_____ AM/PM (Circle) Phone #: (_____) _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ____ Yes ____ No

Do any of your friends or relatives, other than spouse, work here? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No

May we contact your present or past employer(s)? ____ Yes ____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ____ Yes ____ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time

Part-Time (please indicate: Mornings Afternoons)

Temporary (please indicate dates available: ____/____/____ - ____/____/____)

Can you travel if a job requires it? ____ Yes ____ No

EXPERIENCE & QUALIFICATIONS – DRIVERS

Class of Equipment	Type of Equipment	From (date) To	Makes, Models, Manufacturers
Straight Truck			
Tractor Trailer			

Madison Farmers Elevator Company
P.O. Box 228
Madison, SD 57042

Application For Employment

Doubles or Triples			
Other			

DRIVER LICENSES

License Number	State	Type of License	Expiration Date

ACCIDENT RECORD

(Attach sheet if needed)

Location	Dates	Nature of Accident	Fatalities	Injuries
Last Accident			Yes No	Yes No
Next Previous			Yes No	Yes No
Next Previous			Yes No	Yes No

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST (3) YEARS

(Other than parking, attach sheet if more space is needed)

Location	Date	Violation	Penalty

Madison Farmers Elevator Company
P.O. Box 228
Madison, SD 57042

Application For Employment

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either A or B is yes, give details. _____

You must answer the following questions. Failure to do so will result in voiding of your application.

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work? Yes No
2. Have you ever tested positive for drugs and/or alcohol on a test required by the Federal Motor Carrier Safety Regulations? Yes No
3. If you answered yes to either of the above questions, have you completed required treatment and return to duty testing as order by a certified Substance Abuse Professional (SAP)? Yes No

EDUCATION

	<u>Name & City/State of School</u>	<u>Course of Study</u>	<u>Number of Years Completed</u>	<u>Diploma Degree</u>
<u>High School/GED</u>				
<u>Undergraduate College</u>				
<u>Graduate Professional</u>				
<u>Other (Specify)</u>				

Madison Farmers Elevator Company
P.O. Box 228
Madison, SD 57042

Application For Employment

Describe any specialized training, internships, skills, and extra-curricular activities.

EMPLOYMENT EXPERIENCE

1.

Employer: _____		Dates Employed: _____	To: _____
Employer Address: _____		Phone Number: _____	
_____	_____	_____	
<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>	
_____	_____	_____	

2.

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
_____	_____	_____
<u>Employer Address</u>	<u>Phone Number</u>	_____
_____	_____	_____
<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____

3.

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
_____	_____	_____
<u>Employer Address</u>	<u>Phone Number</u>	_____
_____	_____	_____
<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____

4.

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
_____	_____	_____
<u>Employer Address</u>	<u>Phone Number</u>	_____
_____	_____	_____

<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____

5.

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
_____	_____	_____

<u>Employer Address</u>	<u>Phone Number</u>	
_____	_____	_____

<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____

(If you need additional space, please continue on a separate sheet of paper.)

List professional, business, and volunteer activities and offices held.

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Please check the boxes that apply)

<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Production/Mobile Machinery (list) _____
<input type="checkbox"/> SPREADSHEET/XCEL	<input type="checkbox"/> OTHER COMPUTER PROGRAMS/SOFTWARE (please list)
<input type="checkbox"/> MICROSOFT WORD	

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ Yes _____ No

REFERENCES

- | | | |
|----|--------|---------|
| 1. | _____ | _____ |
| | (Name) | (Phone) |
| 2. | _____ | _____ |
| | (Name) | (Phone) |
| 3. | _____ | _____ |
| | (Name) | (Phone) |

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

Please be informed that the above provided information will be used to conduct an investigation into the safety performance history and previous employers will be contacted to provide information.

You, as an applicant, have the following rights as listed in 49 CFR 391.23:

- The right to review information provided by previous employers
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to your prospective employer
- The right to have rebuttal statement attached to the alleged erroneous information, if your previous employer and you cannot agree on the accuracy of the information.

If you desire to review this safety performance history provided by a previous employer, you may do so by submitting a written request to us anytime from the date of application submittal or as late as 30 days after becoming employed with us or being notified of denial of employment.

Request to make corrections of information provided by previous employers must be submitted to that previous employer. You may report failures of previous employers to correct information or allow for rebuttal via procedures outlined in 49 CFR 386.12.

Madison Farmers Elevator Company
P.O. Box 228
Madison, SD 57042

Application For Employment

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks _____

Employed _____ Yes _____ No Date of Employment

Job Title _____ Hourly Rate/Salary _____

By _____
(Name and Title) Date