

APPLICATION FOR EMPLOYMENT

COOPERATIVE PLUS INC
 PO Box 220
 400 North Dodge Street
 Burlington, WI 53105

(ANSWER ALL QUESTIONS - PLEASE PRINT)
 (IF NOT APPLICABLE PLEASE ENTER N/A)

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.

POSITION(S) APPLIED FOR:				DATE:	
NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST THREE YEARS

CURRENT	STREET	CITY		
	STATE	ZIP	PHONE	MOBILE/OTHER
PREVIOUS ADDRESSES	STREET	CITY	STATE/ZIP	MOBILE/OTHER
	STREET	CITY	STATE/ZIP	MOBILE/OTHER
	STREET	CITY	STATE/ZIP	MOBILE/OTHER

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATE OF BIRTH (ANSWER ONLY IF REQUIRED FOR CDL JOB)	/ /	CAN YOU PROVIDE PROOF OF AGE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU WORKED FOR THIS COMPANY BEFORE?			LOCATION?		
DATES	FROM:	TO:	RATE OF PAY	POSITION	
REASON FOR LEAVING					
ARE YOU NOW EMPLOYED?			IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT?		
WHO REFERRED YOU?			RATE OF PAY EXPECTED		
HAVE YOU EVER BEEN BONDED <small>(ANSWER ONLY IF A JOB REQUIREMENT)</small>			NAME OF BONDING COMPANY		
HAVE YOU EVER BEEN CONVICTED OF A FELONY?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AUTOMATIC BAR TO EMPLOYMENT-ALL CIRCUMSTANCES WILL BE CONSIDERED.					

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	GRAMMAR: 1 2 3 4 5 6 7 8	HIGH SCHOOL: 1 2 3 4	COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED	NAME	CITY	
FIELD OF STUDY			

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lb. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

THE FOLLOWING SECTIONS ARE ONLY TO BE COMPLETED AS A REQUIREMENT FOR CDL/DRIVING POSITIONS

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET,	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS (DRIVERS ONLY)

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATIVE 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

DRIVING EXPERIENCE IF NONE, WRITE **NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS

SHOW SPECIAL COURSES OF TRAINING THAT WILL HELP YOU AS A DRIVER/EMPLOYEE:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

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 AGENCY DRUG & ALCOHOL TESTING RULES DURING THE PAST TWO YEARS? YES NO

EXPERIENCE AND QUALIFICATIONS - OTHER (ALL APPLICANTS)

SHOW ANY TRUCKING TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY
LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION
LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND 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 CPI to make such investigations and inquiries of my 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 and 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 CPI.

I consent to, and understand, that CPI may, as a prerequisite to my employment need, to investigate my MVR.

Date

Applicant's Signature

PROCESS RECORD(OFFICE USE ONLY)

APPLICANT HIRED	REJECTED
DATE EMPLOYED	POINT EMPLOYED
DEPARTMENT	CLASSIFICATION
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)	

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						
SIGNATURE OF INTERVIEWING OFFICER _____						

TRANSFERS

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE _____		DATE _____	
REASON FOR TRANSFER _____		REASON FOR TRANSFER _____	
FROM: _____	TO: _____	FROM: _____	TO: _____
DATE _____		DATE _____	
REASON FOR TRANSFER _____		REASON FOR TRANSFER _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____	VOLUNTARILY QUIT: _____	OTHER: _____
TERMINATION REPORT PLACED IN FILE: _____	SUPERVISOR _____	