



**EMPLOYMENT**

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Include 10 years of employment history, if possible. If applicable, list "self-employed" or "in-school" and dates for each. **Please use additional page if necessary.**

Company Name:	Phone:
Address:	Employed From _____ to _____
City, State, Zip:	Were you subject to the FMCRs* while employed?
Name of supervisor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job title / describe your work:	Salary:
Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Company Name:	Phone:
Address:	Employed From _____ to _____
City, State, Zip:	Were you subject to the FMCRs* while employed?
Name of supervisor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job title / describe your work:	Salary:
Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Company Name:	Phone:
Address:	Employed From _____ to _____
City, State, Zip:	Were you subject to the FMCRs* while employed?
Name of supervisor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job title / describe your work:	Salary:
Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Company Name:	Phone:
Address:	Employed From _____ to _____
City, State, Zip:	Were you subject to the FMCRs* while employed?
Name of supervisor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job title / describe your work:	Salary:
Was your job designed as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more; OR 2) is designed or used to transport 9 or more passengers; OR 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ADDITIONAL INFORMATION**

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Excludes those which may disclose your race, color, religion, age or national origin)

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**PERSONAL REFERENCES**

Please provide three personal references.

Name:	Home Phone:
Company:	Business Phone:
Address:	Years Known:
City, State, Zip:	Relationship:

Name:	Home Phone:
Company:	Business Phone:
Address:	Years Known:
City, State, Zip:	Relationship:

Name:	Home Phone:
Company:	Business Phone:
Address:	Years Known:
City, State, Zip:	Relationship:

**MILITARY**

Did you serve in the U.S. Armed Forces?     Yes     No    If "yes", in what branch \_\_\_\_\_

Describe any training received relevant to the position for which you are applying: \_\_\_\_\_

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**I obtained this application for employment via:**

- Harvest Land Co-op web site
- Harvest Land Co-op branch office
- Other \_\_\_\_\_

**APPLICANTS'S SIGNATURE**

**Please read and understand these statements before signing your application.**

I authorize the employer to make such investigations and inquiries of my personal, employment, driving, and other related matters a may be necessary in arriving at an employment decision. The information will be used to verify the accuracy of information I disclosed in this application, a related employment resume, or a personal interview. I hereby release this employer or its representatives, past employers, schools, and other persons from all liability in seeking information, responding to inquiries and releasing information in connection with my application. This authorization will remain valid for 60 days from the date signed.

The information I have provided in this Application for Employment is true, correct, and complete. In the event of employment, I understand that false, incomplete, or misleading information given in my application or interview(s) may result in discharge.

I understand that I am required to abide by all rules and regulations of the employer.

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

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

**Fair Credit Reporting Act Disclosure Statement**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your driving record may be obtained non you for employment purposes.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and them only in writing signed by such officer.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date