



DOT Application Packet

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PRE-HIRE CHECKLIST EMPLOYMENT CONDITIONS

Thank you for considering The Nemaha County Cooperative Association (“Company”) as a potential employer. Before completing the Employment Application, we wish to emphasize several points. Please check the box next to each statement and sign where indicated to acknowledge your understanding.

- The Company is an equal employment opportunity employer, which selects the individual it feels is the best match for the job based upon job-related qualifications, and regardless of race, color, creed, sex, national origin, religion, age, disability, or other protected group status.
- No applicant is officially considered an employee of this Company until and unless he/she receives a verbal offer by a manager or manager approved designee, confirming employment and the conditions of employment.
- When conditions warrant, other management personnel may be given authorization to confirm employment for a brief, interim period.
- Employment with the company is based on the “at will” doctrine, meaning that either the employee or the employer may terminate the employment relationship at any time and for any reason.
- We hope that we never have to lay off employees. However, we have clearly established that right and will lay off employees if management feels it is best for the company.
- The Company, has an anti-harassment policy that states that harassment of any kind will not be tolerated in the workplace, and that any and all complaints of harassment will be investigated fully, fairly and quickly, and will be decisively resolved.
- Only a manager or manager approved designee, has the authority to enter into an agreement for employment, oral modification to either employment-at-will status or to an existing hiring agreement. Should you be hired, any offers made by your supervisors are valid only if they have been approved by the General Manager in writing.
- Dishonesty in the completion of the employment application will cause it to be considered invalid. Should the dishonesty become known in the future, regardless of how much time has passed, it may be considered grounds for immediate termination.
- Although an employee’s rate of compensation may be expressed in a specific time frame (i.e., \$30,000 per year or \$2,000 per month), the term “year” and “month” are not to be construed as a guarantee of employment for that period of time.

- The first part of the Employment Application is for personal identification only. The questions listed are not intended to ask for information that could be labeled as discriminatory.
- In an attempt to be fair, the Employment Application is designed to only request information that will help in determining personal identification; job-related skills, qualifications, and abilities; work history and reliability; and education.
- Company management wants to make it clear that only written policies are binding. Regardless of what, and by whom, any employee may be told, only written policies are binding.
- If you are offered and accept a position with the company, you will be required to complete a supplemental information application, which requests additional information such as your race, sex, etc. This information on the form will not be considered in any employment decisions; it is needed for various record-keeping requirements to state and federal agencies and insurance companies to ensure we are practicing, or engaging in, affirmative action.
- The Company, reserves the right to have employees submit to a drug test by a designated laboratory, based on cause and/or the occurrence of a workplace accident or incident, should it feel that the test is warranted and necessary. Your continued participation from this point forward gives your consent for such a test.
- You will have access to the Employee Handbook at any reasonable time.

By checking off the box next to each of the prior paragraphs, I realize that I am acknowledging my understanding of their content, and agree to abide by the spirit and intent of each paragraph.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____



THE NEMAHA COUNTY COOPERATIVE ASSOCIATION
APPLICATION FOR DRIVING EMPLOYMENT

PERSONAL INFORMATION

Date: Social Security Number: Date of Birth

Applicant Name: Last First Middle

Present Address: Street City State Zip Code

Contact Phone Number:

ADDRESSES FOR THE PAST THREE YEARS

Address: Street City State Zip Code

Address: Street City State Zip Code

Address: Street City State Zip Code

Are you authorized to work in the U.S.? Referred by:

State the name of any relatives, other than spouse, already employed by this company.

POSITION DESIRED

Position: Date you can Start: Salary desired:

Have you previously worked for this company? If so, from to

Reason for leaving: Former supervisor(s) at this company:

How did you learn of this opening:

EDUCATION

Table with 4 columns: Name and Location of School, Circle Last Year Completed, Did you Graduate?, Subjects Studies & Degree (s). Rows include High School, College, and Trade, Business or Correspondence School.

Other education or training:

Other special skills:

Activities (Civic, athletic, etc.) in which you participate:

(Exclude organizations, the name or character of which indicates the race, religion, creed, color, national origin, or disabilities of its members.)

Have you ever been convicted of a crime?* Yes No

If yes, give details, including date(s):

*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

EXPERIENCE & QUALIFICATIONS (ATTACH SHEET IF MORE SPACE NEEDED)

	State	License No	Type	Expiration Date
Driver License				
Driver License				
Driver License				

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 the answer to either question is "Yes", attach a statement giving details

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	From	To	Approximate Number of Miles (total)
Straight Truck				
Tractor and Semi Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

Dates	Nature of Accident	Fatalities	Injuries

TRAFFIC CONVITIONS FOR PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: SHOW ALL EMPLOYMENT FOR THE PAST THREE YEARS AND ALL COMMERCIAL DRIVING EXPERIENCE FOR THE PAST TEN YEARS.

Last Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

Starting Salary: _____ Final Salary _____

Second Last Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

Starting Salary: _____ Final Salary _____

Third Last Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

Starting Salary: _____ Final Salary _____

Fourth Last Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

Starting Salary: _____ Final Salary _____

Fifth Last Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

Starting Salary: _____ Final Salary _____

Sixth Last Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

Starting Salary: _____ Final Salary _____

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	How Acquainted & # of Years	Phone Number
			()
			()
			()

TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation, or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Date _____ Signature: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**APPLICANT AUTHORIZATION FOR BACKGROUND
AND REFERENCE CHECKS**

THE NEMAHA COUNTY COOPERATIVE ASSOCIATION

I voluntarily consent to allow The Nemaha County Cooperative Association, any of its officers, employees or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character or personality.

Applicants Signature: _____

Date: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau 1700 G Street N.W., Washington, D.C. 20006.**

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates which are not banks, savings associations, or credit unions also should list in addition to the Bureau</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches/agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember insured banks, insured state branches of foreign banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010 9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>4. Creditors subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal land bank associations, Federal intermediate credit banks, and Production credit associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 2210</p>
<p>9. Retailers, Finance Companies, and all other creditors not listed above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357</p>

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

**THE NEMAHA COUNTY COOPERATIVE ASSOCIATION
FCRA DISCLOSURE AND AUTHORIZATION STATEMENT**

All applicants for employment: Please read carefully before signing below.

As part of its employment application process, I understand that The Nemaha County Cooperative Association HEREIN REFERRED TO AS "THE COMPANY" may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity character, general reputation, personal characteristics, criminal background, driver's license history or mode of living.

I understand that upon written request to the company I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of such investigation. I understand that an investigative consumer report is a report in which, information regarding my character, general reputation, personal characteristics, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I authorize the company, to obtain a consumer/investigative consumer report on me as part of its pre-employment background investigation process. If I am offered employment by company I further authorize the company, to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment.

Attached to this form is *A Summary of Your Rights Under the Fair Credit Reporting Act*. Please retain this copy for your information. Please initial here _____ that you were provided with a copy of your rights and that you have removed it from this form.

By signing below, I also acknowledge that company has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

Name of Applicant (please print): _____

Signature of Applicant: _____

Applicant's Date of Birth _____

Applicant's Social Security Number _____

Applicant's Driver's License Number & Issuing State _____

Applicant's Home Address _____

Date: _____

NOTICE TO APPLICANT

KANSAS CLEAN INDOOR AIR ACT/SMOKE FREE WORKPLACE POLICY

To protect and enhance our indoor air quality and to contribute to the health and well-being of all employees, the Company shall be entirely smoke free effective July 1, 2010 in order to comply with the Kansas Clean Indoor Air Act. All employees, visitors, customers, vendors, etc., are expected to adhere to the parameters of the Kansas Clean Indoor Air Act. Employees are also expected to adhere to local ordinances that may impose stricter parameters on providing a smoke free environment.

Smoking is defined as the “possession of a lighted cigarette, cigar, pipe or burning tobacco in any other form or device designed for the use of tobacco.”

Smoking is prohibited in all of the enclosed areas within any Company worksites, without exception. This includes common work areas, the storage facilities, classrooms, conference and meeting rooms, private offices, hallways, the lunchrooms, stairs, restrooms; employer owned or leased vehicles, and all other enclosed facilities.

Per the Kansas Clean Indoor Air Act, smoking is also prohibited within ten (10) feet of any business access point to include doorways, windows and air intakes.

Please keep in mind that some of the Company facilities, i.e., the elevator (s) have stricter “no smoking” parameters that relate to safety compliance. Employees are expected to always adhere to the most strict “no smoking” parameter as it relates to safety.

The Company will also comply with other components of the Kansas Clean Indoor Air Act by posting the required signs at each location as well as notifying candidates for employment about our smoke-free workplace.

Failure to comply with all of the components of this policy will result in disciplinary action that can lead up to and include employment termination.

I acknowledge receipt and understanding of the Company Smoke Free Workplace Policy. The policy is effective July 1, 2010 until further notice.

APPLICANT’S PRINTED NAME

APPLICANT’S SIGNATURE

DATE

DRUG-FREE WORKPLACE

It is unlawful for any employee to manufacture, distribute, dispense, possess or use illegal drugs in the workplace. Adherence to the employer's drug-free workplace policy is a condition of your employment. You must notify the employer within five (5) days of any conviction for violating criminal drug statutes in the workplace and within ten (10) days thereafter the employer will notify the appropriate government officer. The employer will take appropriate personnel action against any employee found to violate the employer's drug-free workplace requirements, and it is the established policy of the employer that any conduct or performance, in its view, which interferes with or adversely affects employment, including working under the influence of alcohol, drugs, or other comparable substances, or the manufacture, dispensing, distribution, possession or use of illegal drugs in the workplace is prohibited and is sufficient grounds for disciplinary action ranging from oral or written warnings to suspension or immediate termination of employment, or to satisfactory completion of an approved drug rehabilitation program. The employer will establish and maintain a drug-free awareness program to inform employees about the dangers of illegal drugs and other controlled substances in the workplace and of the employer's continuing policy of maintaining a drug-free workplace and of the penalties that may be imposed upon employees for violation of such policy.

Drug-Free Workplace Acknowledgement and Drug Test Consent Form

Nemaha County Coop

I acknowledge the receipt of a copy of the DRUG FREE WORK PLACE POLICY, and state that I have read and understand and agree to abide by the same, this _____ day of _____, 20_____.

CONSENT FOR DRUG TEST SCREEN AND RELEASE

I hereby CONSENT to allow "The Consortium" to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Nemaha County Coop.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Nemaha County Coop, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Nemaha County Coop, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

The language used in this consent form is not intended to create nor shall it be construed to constitute a contract of employment with any one or all of its employees. All employees shall retain the right to terminate their employment at any time and the Cooperative has the same right.

SIGNED this _____ day of _____, 20_____.

Signature

Print Name

Social Security Number

Medical Test Consent and Authorization Form

NEMAHA COUNTY COOP

I hereby authorize a qualified physician and/or trained representative representing Occupational Assessment Services to conduct the required medical test and physical examination. I understand that the physical examination is a part of the application process with NEMAHA COUNTY COOP and that the offer for employment is contingent based on the results of the physical examination. I further authorize Occupational Assessment Services designated physician and/or testing facility to release to NEMAHA COUNTY COOP all relevant test results.

SIGNED this _____ day of _____, 20____.

Signature

Print Name

Please complete the necessary number of
“Request for Information from Previous Employers” forms
for your most recent 10 years of employment.

(See next two pages.)

Request for Information From Previous Employer

----- Applicant Completes from Here Down -----

I hereby authorize you to release the following information to the NEMAHA COUNTY COOP, for the purposes of investigation as required by Section 40.25, 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Applicant's Signature

Date

Previous Employer Information:

Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

----- Previous Employer Completes from Here Down or Maybe Conducted Via Phone -----

1. Employment Dates (from _____ to _____) salary & wages _____.
2. Did the applicant drive a motor vehicle for you? Y/N If so what type _____.
3. Was the employee a safe and efficient driver? _____.
4. Reason for leaving employ: Discharged _____, Resignation _____ Lay Off _____.
5. Was their general conduct satisfactory? _____.
6. Please advise history of past driving record if available for past three years

Accidents:

Date	Type	Location	Prev./Non-Prev	Injury	Fatal	Cost
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Citations:

Date	Type	Location	Prev./Non-Prev	Injury	Fatal	Cost
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OVER

1. Would you rehire this individual? Yes _____ No _____

2. Remarks: _____

Previous Employee Drug & Alcohol Testing Record Prior Two Years

1. Has the employee had and Alcohol test with a result of 0.04 or higher? ___ Yes ___ No
2. Has the employee had a verified positive drug test? ___ Yes ___ No
3. Has the employee refused to be tested (including verified adulterated or substituted drug test results)? ___ Yes ___ No
4. Has the employee violated other DOT agency drug and alcohol testing regulations? ___ Yes ___ No
5. If the employee violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to duty requirements (including follow-up tests)? ___ Yes ___ No

Former Employer Certification Statement

I _____ hereby certify the information I have provided is
(Print Your Name)
correct and true to the best of my knowledge.

(Sign Your Name)

(Date)

(Title)

If conducted by phone – Interviewer _____