Bemidji Co-op Assn.
APPLICATION FOR EMPLOYMENT

Bemidji Co-op Assn. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Notice: Substance and Alcohol Testing is required of applicant driver.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____-_____-_____

Applicant Name: _____
Last First Middle

Present Address: _____ Dates: _____
Street City State Zip Code From To

Addresses for the past three (3) years:

Previous Address: _____ Dates: _____
Street City State Zip Code From To

Previous Address: _____ Dates: _____
Street City State Zip Code From To
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Phone Number: ( ) _____-_____ Are you 18 years old or older? ☐ Yes ☐ No

Are you authorized to work in the U.S.? ☐ Yes ☐ No 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? ☐ Yes ☐ No If so, from _____ to _____

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

How did you learn of this opening: _____

EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	☐ Yes ☐ No	
College	1 2 3 4	☐ Yes ☐ No	
Trade, Business or Correspondence School	1 2 3 4	☐ Yes ☐ No	

Other education or training: _____

Other special skills: _____

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.

Employment History

Please provide information on past employers during the **proceeding 10 years**, beginning with the most recent.
If you need more room, you may attach another sheet of paper.

Employer: ______________________________ Position Held: ______________________________

Address: ____ From ____________ To ____________
Street City Zip Code (Date) (Date)

Duties: ______________________________ Reason for Leaving: ______________________________

Contact Person: ____________________ Phone Number: ____________ May we contact: ☐ Yes ☐ No

Starting Salary: ______________ Final Salary ____________________

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

____

Employer: ______________________________ Position Held: ______________________________

Address: ____ From ____________ To ____________
Street City Zip Code (Date) (Date)

Duties: ______________________________ Reason for Leaving: ______________________________

Contact Person: ____________________ Phone Number: ____________ May we contact: ☐ Yes ☐ No

Starting Salary: ______________ Final Salary ____________________

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

____

Employer: ______________________________ Position Held: ______________________________

Address: ____ From ____________ To ____________
Street City Zip Code (Date) (Date)

Duties: ______________________________ Reason for Leaving: ______________________________

Contact Person: ____________________ Phone Number: ____________ May we contact: ☐ Yes ☐ No

Starting Salary: ______________ Final Salary ____________________

Did you operate a Commercial Motor Vehicle for this employer? ☐ Yes ☐ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? ☐ Yes ☐ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? ☐ Yes ☐ No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

____

EXPERIENCE AND QUALIFICATIONS - DRIVERS

Drivers License # _____ State: _____ Expiration Date: _____

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Date	Location	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 the answer is yes to either of the two previous questions, attach a statement giving the details)

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury

Last Accident: _____

Next Previous: _____

Next Previous: _____

If you need more room, you may attach another sheet of paper.

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	Years Acquainted

TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Bemidji Co-op Assn. 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 Bemidji Co-op Assn. 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 Bemidji Co-op Assn. 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:_____