ALL CDL DRIVERS MUST MEET THE FOLLOWING QUALIFICATION:

1. AT LEAST 21 YEARS OF AGE
2. NO FELONY CONVICTIONS IN THE PAST 7 (SEVEN) YEARS
3. NO DRUG/ALCOHOL RELATED HISTORY IN THE PAST 7 (SEVEN) YEARS
4. NO MORE THAN 1 (ONE) MOVING VIOLATION ON YOUR CURRENT MVR.

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED YOU MUST FILL OUT THE ATTACHED APPLICATION COMPLETELY. VALID PHONE NUMBERS AND CONTACT NAMES FOR ALL PREVIOUS EMPLOYERS. YOU MUST ALSO ATTACH A CURRENT (WITHIN 30 DAYS) DRIVING RECORD.

IF YOU MEET THESE QUALIFICATIONS AND YOUR APPLICATION IS CORRECTLY COMPLETED, YOU MAY BE CONTACTED FOR AN INTERVIEW.
AT THIS TIME THE INTERVIEWER WILL DICUSS WITH YOU:

1. SCHEDULED WORK HOURS
2. VACATION AND BENEFIT PACKAGE (IF QUALIFIED)
3. DRUG AND ALCOHOL POLICIES
4. UNIFORM POLICY
5. SAFETY POLICIES

YOU MAY BE OFFERED A POSITION, BUT THIS POSITION IS CONDITIONAL UNTIL ALL DRUG/ALCOHOL RESULTS, INSURANCE CHECKS RAN AGAINST YOUR CURRENT MVR, AND A CRIMINAL BACKGROUND CHECK HAS BEEN RETURNED TO AUGUSTA COOPERATIVE FARM BUREAU IN GOOD STANDING.

APPLICANT SIGNATURE

DATE

Augusta Cooperative Farm Bureau, Inc.

COMMERCIAL DRIVER APPLICATION

PERSONAL INFORMATION:

NAME: _____ _____
FIRST LAST MI DATE

PHONE 1: _____ PHONE 2: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIPCODE

**IF LESS THAN 3 YEARS AT CURRENT ADDRESS, LIST PREVIOUS ADDRESSES*

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIPCODE

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIPCODE

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIPCODE

POSITION APPLYING FOR: _____

TEMP _____ PART TIME _____ FULL TIME _____

HOURS AVAILABLE:

MON	TUES	WED	THURS	FRI	SAT	SUN

HAVE YOU WORKED FOR THIS COMPANY BEFORE: YES NO (CIRCLE)

IF YES: FROM _____ TO _____
MONTH/YEAR MONTH/YEAR

LOCATION: _____ POSITION: _____

REASON FOR LEAVING: _____

ARE YOU CURRENTLY EMPLOYED: YES NO (CIRCLE)

IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT: _____

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED>: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

PLEASE LIST ANY CERTIFICATIONS AND/OR LICENSES HELD OTHER THAN COMMERCIAL DRIVERS LICENSE:

_____

_____

_____

_____

GENERAL INFORMATION:

HAVE YOU EVER BEEN BONDED: YES NO NAME OF BONDING CO: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO

IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET, CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT--ALL CIRCUMSTANCES WILL BE CONSIDERED

EMPLOYMENT RECORD:

CURRENT EMPLOYER: _____

SUPERVISOR: _____

ADDRESS: _____ PHONE: _____

POSITION: _____ SALARY: _____ DATES: _____

FROM M/YR TO M/YR

REASON FOR LEAVING: _____

_____

_____

PREVIOUS EMPLOYER: _____

SUPERVISOR: _____

ADDRESS: _____ PHONE: _____

POSITION: _____ SALARY: _____ DATES: _____

FROM M/YR TO M/YR

REASON FOR LEAVING: _____

_____

_____

DRIVER LICENSE INFORMATION:

DRIVER LICENSE #:		EXPIRATION:	
FULL NAME:		DOB:	

CLASS OF LICENSE:

	A
	B
	C
	D
	E

ADDITIONAL ENDORSEMENTS:

LIST THE NATURE AND EXTENT OF EXPERIENCE IN THE OPERATION OF CMV:

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MV: YES NO

HAS YOUR LICENSE OR PERMIT EVER BEEN SUSPENDED OR REVOKED: YES NO

HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FMCSA: YES NO

IF YES, PLEASE GIVE DETAIL

DATE	NATURE OF OFFENSE

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN THE LAST 3 YEARS:

DATE	NATURE OF ACCIDENT	PERSONAL INJURY

NOTICE TO APPLICANT:

1. ALL INFORMATION SUBMITTED WILL BE CONSIDERED IN REVIEWING MY APPLICATION AND IS SUBJECT TO INVESTIGATION. I HEREBY AUTHORIZE AUGUSTA COOPERATIVE FARM BUREAU TO INVESTIGATE ALL STATEMENTS APPLICABLE, EXCEPT AS INDICATED.

2. I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL UPON DISCOVERY OF SUCH INFORMATION.

3. IF ACCEPTED FOR EMPLOYMENT, I HEREBY AGREE TO COMPLY WITH ALL RULES, REGULATIONS, AND POLICIES OF AUGUSTA COOPERATIVE FARM BUREAU.

4. I AM AWARE THAT A CRIMINAL AS WELL AS A CREDIT BACKGROUND CHECK WILL BE CONDUCTED WITH MY WRITTEN CONSENT.

5. I UNDERSTAND THAT AUGUSTA COOPERATIVE FARM BUREAU FOLLOWS AN EMPLOYMENT-AT-WILL POLICY, IN THAT I OR AUGUSTA COOPERATIVE FARM BUREAU MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON CONSISTENT WITH APPLICABLE STATE OR FEDERAL LAW.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL INFORMATION CONTAINED IN APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE ALSO READ AND UNDERSTOOD THE ABOVE NOTICE TO THE APPLICANT.

SIGNATURE OF APPLICANT _____ DATE _____

NOTE: FAILURE TO SIGN THE ABOVE CONSENT DISCONTINUES THE EMPLOYMENT PROCESS

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify

This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

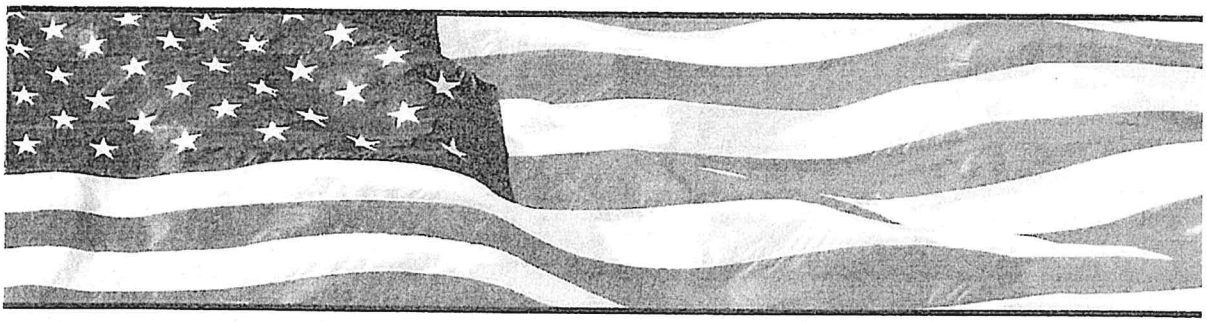
888-897-7781

dhs.gov/e-verify

E-VERIFY IS A SERVICE OF DHS AND SSA

English / Spanish Poster

IF YOU HAVE THE RIGHT TO WORK



DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at 8 U.S.C. § 1324b.

The Immigrant and Employee Rights Section (IER) may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the Form I-9 or using E-Verify (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

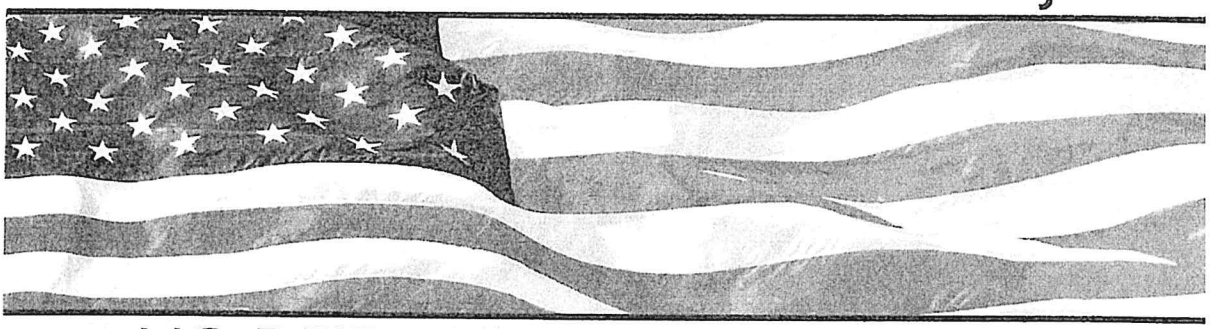
The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

Immigrant and Employee Rights Section (IER)
1-800-255-7688 **TTY 1-800-237-2515**
www.justice.gov/ier
IER@usdoj.gov

U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.

SI USTED TIENE DERECHO A TRABAJAR



NO DEJE QUE NADIE SE LO QUITE

Si usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o de ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la Sección 1324b del Título 8 del Código de los EE. UU.

Es posible que la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.

La ley que hace cumplir la IER es la Sección 1324b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

Llame a la IER si un empleador:

No lo contrata o lo despide a causa de su nacionalidad de origen o estatus de ciudadanía (esto podría representar una vulneración de parte de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el Formulario I-9 o utilizar E-Verify (esto podria representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

Sección de Derechos de Inmigrantes y Empleados (IER)
1-800-255-7688 **TTY 1-800-237-2515**
www.justice.gov/crt-espanol/ier
IER@usdoj.gov

Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019

Este documento de orientación no tiene como propósito ser una decisión definitiva por parte de la agencia, no tiene ningún efecto jurídicamente vinculante y puede ser rescindido o modificado a la discreción del Departamento, conforme a las leyes aplicables. Los documentos de orientación del Departamento, entre ellos este documento de orientación, no establecen responsabilidades jurídicamente vinculantes más allá de lo que se requiere en los términos de las leyes aplicables, los reglamentos o los precedentes jurídicamente vinculantes. Para más información, véase «Memorándum para Todos Los Componentes: La Prohibición contra Documentos de Orientación Impropias», del Fiscal General Jefferson B. Sessions III, 16 de noviembre del 2017.

Augusta
COOPERATIVE
FARM BUREAU, INC.

APPLICANT REFERENCE CHECK FORM

PREVIOUS EMPLOYER: _____ DATE: _____
ADDRESS: _____
_____
_____

PHONE: _____

APPLICANT NAME: _____
ADDRESS: _____
_____

PHONE: _____
SOCIAL SECURITY NUMBER: _____

APPLICANT SIGNATURE AUTHORIZING REFERENCE CHECK

THE ABOVE NAMED PERSON HAS APPLIED FOR A DRIVING POSITION WITH AUGUSTA COOPERATIVE FARM BUREAU.
IN ORDER TO COMPLY WITH THE FMCSA WE WOULD APPRECIATE YOUR ASSISTANCE IN THIS REFERENCE CHECK.
ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

THIS SECTION IS TO BE COMPLETED BY PREVIOUS EMPLOYER

RECORD OF EMPLOYMENT:

HIRE DATE: _____ END DATE: _____

POSITION HELD: _____

REASON FOR LEAVING: _____

WHAT TYPE OF MOTOR VEHICLE DID THE ABOVE MENTIONED OPERATE:
CAR_____TRUCK_____STRAIGHT TRUCK_____ROAD TRACTOR_____BUS_____

DID ANY SAFETY VIOLATIONS OCCUR?(IF YES PLEASE EXPLAIN) YES_____ NO_____

_____
_____

WERE THERE ANY POSITIVE DRUG/ALCOHOL TEST? (IF YES PLEASE EXPLAIN) YES_____ NO_____

_____
_____

WERE THERE ANY MOTOR VEHICLE ACCIDENTS DURING EMPLOYMENT(IF YES EXPLAIN) YES_____ NO_____

_____
_____

PLEASE CHECK THE MOST APPROPRIATE RATING FOR THE FOLLOWING ATTRIBUTE:

	EXCELLENT	GOOD	FAIR	POOR
QUALITY OF WORK	_____	_____	_____	_____
DRIVING SKILL	_____	_____	_____	_____
COOPERATION WITH OTHERS	_____	_____	_____	_____
INITIATIVE	_____	_____	_____	_____
SAFETY HABITS	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____
ATTITUDE	_____	_____	_____	_____

WOULD YOUR COMPANY REHIRE? YES_____ NO_____

ADDITIONAL COMMENT(S):

_____

_____

_____

_____

_____

THANK YOU FOR TAKING THE TIME TO FILL OUT THE ABOVE FORM. PLEASE RETURN ATTENTION TO:

HUMAN RESOURCES
HEATHER HOBBS
540-885-5582 (FAX)
HHOBBS@AUGUSTACOOP.COM

_____ _____

NAME OF AUTHORIZED EMPLOYEE SIGNATURE OF AUTHORIZED EMPLOYEE

_____ _____

DEPARTMENT DATE