

CP FEEDS LLC.
16322 W. WASHINGTON ST.
VALDERS, WI. 54245

An Equal Opportunity Employer
920-775-9600

Application for Employment

(Drivers Only)

This application is good for 120 days.

Applicants are considered for the position specified below, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, as required by Sec. 391.23 of Department of Transportation Regulations.

Applicant Signature _____ Date of Application _____

Position Applied For _____

(PLEASE PRINT)

Full Name (Last) _____ (First) _____ (Full Middle) _____

Address _____ (How Long) _____
Street City State Zip Code

ADDRESSES FOR PAST THREE YEARS

_____ (How Long) _____

_____ (How Long) _____

_____ (How Long) _____

Current Telephone Number: _____ Social Security Number: _____

Date of Birth (Not Discriminated Against Due to Age): _____

Have you filed an application with our Company before? Yes No

If yes, give date: _____ Department: _____

Have you ever been employed with our Company before? Yes No

If yes, give date: _____ Department: _____

Are you employed now? Yes No May we contact your present employer?
Yes No

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

How many days have you been absent from work in the past year? _____

Can you lawfully work in this country? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with federal regulations. Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work Full-Time Part-Time Seasonal Summer Only
Temporary

What days? Sunday Monday Tuesday Wednesday Thursday Friday
Saturday

Are you on a layoff and subject to recall? Yes No

Would you be willing to work out of town? Yes No

Have you been convicted of a felony within the last 7 years? Yes No (Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)

If yes, please explain: _____

EDUCATION

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

	High School	Tech School	College/University
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
School Name and Location			
Diploma/Degree			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

Give a complete record of all employment for the past 10 years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed.

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone ()			
Job Title	Hourly Rate/Salary _____		
	Starting/Final _____		
Supervisor			
Reason for Leaving			
Were you subject to Federal Motor Carrier Safety Regulations while with this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone ()			
Job Title	Hourly Rate/Salary _____		
	Starting/Final _____		
Supervisor			
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Telephone ()			
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	Starting/Final _____		
Supervisor			
Reason for Leaving			

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Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements? Yes No

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Address			
Telephone ()			
Job Title	Hourly Rate/Salary _____ Starting/Final _____		
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Job Title	Hourly Rate/Salary _____ Starting/Final _____		
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Reason for Leaving			

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 Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements? Yes No

EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From/To		Approximate Number of Miles/Hours
Straight Truck				
Truck Tractor				
Semi-Trailer				
Material Handling Equipment				
Buses				
Fuel Trailers				
Pole Trailers				
Twin Trailers				
Other				

DRIVER'S LICENSES FOR THE PAST THREE YEARS
 (All driver's licenses for past three years must be shown)

License No.	State	Class	Endorsements	Restrictions	Expiration Date

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle: Yes No

If yes, where? _____ When? _____

Is your license to drive suspended or revoked at this time, in any state? Yes No

If yes, where? _____ When? _____ Why? _____

Has any license, permit, or privilege to drive EVER been suspended or revoked? Yes No

If yes, where? _____ When? _____ Why? _____

Is your driving privilege limited in any way, such as probation, area of operation, limitations of hours, etc., at this time? Yes No

If yes, why? _____ When? _____

Are you familiar with D.O.T. Motor Carrier Safety Regulations? Yes No

Do you agree to follow them?

Yes No

List all unexpired commercial drivers' licenses:

State: _____ Expiration Date: _____ License Number: _____

State: _____ Expiration Date: _____ License Number: _____

MOTOR VEHICLE ACCIDENT RECORD

(List accidents for the past three years)

Date	Where	Nature of Accident (Head-On, Rear-End, Etc.)	Number of Injuries	Fatalities	Type of Vehicle You Were Driving

MOTOR VEHICLE LAW OR ORDINANCE MOVING VIOLATIONS FROM PAST THREE YEARS

(It is not required to include violations involving only parking)

Date	Where	Charge	Penalty	Conviction?	Forfeit Bond or Collateral?

OTHER

Will you take an alcohol/drug screen breath/urine test for drug and alcohol or controlled substances?

Yes No

Have you EVER been convicted for use of alcohol?

Yes No If yes, where? _____ When? _____

Was a vehicle involved? Yes No If yes, what type? Personal Commercial

If yes, what charge? _____

Have you EVER been convicted for use or possession of drugs or controlled substances?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? Yes No If yes, what type? Personal Commercial

If yes, what charge? _____

Conviction will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences:

State any additional information you feel may be helpful in considering your application:

APPLICANT'S STATEMENT

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. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge if I am hired. Similarly, any false or misleading information provided in post-offer questionnaires or medical examinations will result in discharge regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company to determine whether I qualify for the position being considered. In addition, I understand a drug or alcohol test is required. I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability that might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the Company deems appropriate.

I have been informed by the Company, and I understand that the information I provide regarding my 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 49 CFR 391.23(d) and (e). I understand 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.

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.

Applicant's Signature _____ Date _____

Hire Date: _____ Position: _____ Company Representative: _____

Termination Date: _____ Company Representative: _____