

**APPLICATION FOR EMPLOYMENT
FOR DRIVING POSITIONS**
An Equal Opportunity Employer
Updated 1/26/26



Mid-County Coop, P.O. Box 177 / 700 Lake St W, Cologne, MN 55322

DATE	EMAIL ADDRESS	PHONE
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EMPLOYMENT INTERESTS

POSITION(S) APPLIED FOR	RATE OF PAY EXPECTED	DATE AVAILABLE	DESIRED HOURS/WEEK
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NAME (FIRST)	(MIDDLE INITIAL)	(LAST)	(SOCIAL SECURITY #)
PRESENT ADDRESS (STREET)	(CITY)	(STATE)	(ZIP) (YEARS)
IF YOU HAVE LIVED AT CURRENT ADDRESS FOR LESS THAN 3 YEARS, LIST ADDITIONAL ADDRESSES IN PAST 3 YEARS			
PAST ADDRESS (STREET)	(CITY)	(STATE)	(ZIP) (FROM/TO) DATE
PAST ADDRESS (STREET)	(CITY)	(STATE)	(ZIP) (FROM/TO)
PAST ADDRESS (STREET)	(CITY)	(STATE)	(ZIP) (FROM/TO)

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF BIRTH (Required for Commercial Drivers) ____/____/____	
HAVE YOU WORKED FOR MID-COUNTY COOP IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LOCATION
IF YES, WHAT DATES DID YOU WORK? FROM ____ TO ____	POSITION(S) HELD
REASON FOR LEAVING	
DID SOMEONE REFER YOU TO MID-COUNTY COOP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO REFERRED YOU:	
HAVE YOU EVER BEEN BONDED (ANSWER ONLY IF A JOB REQUIREMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF BONDING COMPANY
CAN YOU PERFORM, WITH OR WITHOUT REASONABLE ACCOMMODATION, THE ESSENTIAL FUNCTIONS OF THE JOB (AS DESCRIBED IN THE ATTACHED JOB DESCRIPTION)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.
Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicles.

EMPLOYMENT HISTORY (LIST CURENT / MOST RECENT POSITION FIRST)

COMPANY NAME	DATE
ADDRESS	FROM MO ____ YR ____ TO MO ____ YR ____
CITY ST ZIP	POSITION HELD
CONTACT PERSON PHONE #	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs ^A WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED 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	

COMPANY NAME	DATE	
ADDRESS	FROM MO ____ YR ____	TO MO ____ YR ____
CITY ST ZIP	POSITION HELD	
CONTACT PERSON PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs^ WHILE EMPLOYED ___ YES ___ NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ YES ___ NO		

COMPANY NAME	DATE	
ADDRESS	FROM MO ____ YR ____	TO MO ____ YR ____
CITY ST ZIP	POSITION HELD	
CONTACT PERSON PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs^ WHILE EMPLOYED ___ YES ___ NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ YES ___ NO		

COMPANY NAME	DATE	
ADDRESS	FROM MO ____ YR ____	TO MO ____ YR ____
CITY ST ZIP	POSITION HELD	
CONTACT PERSON PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs^ WHILE EMPLOYED ___ YES ___ NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ YES ___ NO		

COMPANY NAME	DATE	
ADDRESS	FROM MO ____ YR ____	TO MO ____ YR ____
CITY ST ZIP	POSITION HELD	
CONTACT PERSON PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs^ WHILE EMPLOYED ___ YES ___ NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ YES ___ NO		

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WERE YOU SUBJECT TO THE FMCSRs^ WHILE EMPLOYED ___ YES ___ NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ YES ___ NO		

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^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, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE				
DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE			
LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license permit or privilege to operate a motor vehicle? __YES __NO

B. Has any license, permit, or privilege ever been suspended or revoked? __YES __NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

DRIVING EXPERIENCE: CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX NO. OF MILES
		FROM (MO/YR)	TO (MO/YR)	(TOTAL)
STRAIGHT TRUCK	YES__ NO__ (VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER	YES__ NO__ (VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR - TWO TRAILERS	YES__ NO__ (VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR - THREE TRAILERS	YES__ NO__ (VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH - SCHOOL BUS	YES__ NO__ MORE THAN 8 PASSENGERS			
MOTORCOACH - SCHOOL BUS	YES__ NO__ MORE THAN 15 PASSENGERS			
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR MID-COUNTY COOP
LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION
LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH OTHER THAN THOSE ALREADY SHOWN

EDUCATION

NAME AND LOCATION	TYPE OF DEGREE	MAJOR SUBJECTS	GPA
HIGH SCHOOL			
COLLEGES			
VOCATIONAL, TRADE, OTHER SCHOOLS			
SCHOLASTIC HONORS, SCHOLARSHIPS ETC.			

UNDERSTANDING REGARDING CONDITIONS OF EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

I hereby give the Company the right to make a thorough investigation of my past employment, education, and activities, and I release from all liabilities all persons, companies, and corporations supplying such information. I indemnify Mid-County Coop against any liability which might result from making such an investigation. I understand that any false answers, statements, or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Mid-County Coop and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Mid-County Coop unless made in writing. If an employment relationship is established, I understand that my employment at Mid-County Coop is on an at-will basis. Employment-at-will means that each employee has the freedom to leave employment at Mid-County Coop at any time, and Mid-County Coop may terminate any employee's employment at any time, with or without cause or advance notice.

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). 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.

TO BE READ AND SIGNED BY APPLICANT

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

Office Use Only	Start Date	Wage
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WHEN COMPLETED, SEND TO BILLR@MIDCOUNTYCOOP.COM