

# EMPLOYMENT APPLICATION

The Company is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, gender, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local law.

## Applicant Instructions

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

- 1) Complete all four pages
- 2) Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
- 3) Provide only requested information. Failure to do so may result in disqualification of your application.
- 4) The EEO Self Identification Form information is being gathered for federal recordkeeping purposes only. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

## Applicant Name:

\_\_\_\_\_  
Last First MI

## Today's Date:

## Current Address:

\_\_\_\_\_  
Street / PO Box City ST Zip

## Prior Address:

\_\_\_\_\_  
Street / PO Box City ST Zip

Phone: \_\_\_\_\_  Home  Cell  Other Phone: \_\_\_\_\_  Home  Cell  Other

## Position for which you are applying:

Are you at least 18 years of age?  Yes  No

Are you legally eligible to work in the United States?  Yes  No  
Proof of employment eligibility will be required if hired.

## Availability

What date can you start? \_\_\_\_\_ What category would you prefer?  Full Time  Part time  Temporary

For which schedules are you available? \*  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

\*Reasonable efforts will be made to accommodate sincerely held religious beliefs.

## Essential Job Functions

Yes  No Have you been given a job description or had the essential functions of the job explained to you?

Yes  No Do you understand these essential functions?

Yes  No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?

## Professional Licenses and Certifications

Yes  No Do you hold any professional licenses or certifications?

Name of license/certifications: \_\_\_\_\_

License/certification number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Yes  No Has your license/certification ever been revoked or suspended?

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: \_\_\_\_\_

## References

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed.

NAME	ADDRESS / PHONE	YEARS KNOWN / RELATIONSHIP
1.		
2.		
3.		

## Education

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed above, please enter that name \_\_\_\_\_

NAME	CITY / STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Previous Employers

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

<b>MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
COMPANY NAME:	_____	
CITY, STATE:	_____	
PHONE NUMBER: ( ) _____	DATES EMPLOYED: FROM _____	TO _____
JOB TITLE: _____	SUPERVISOR: _____	
DUTIES:	_____	
SALARY: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	REASON FOR LEAVING: _____	

<b>SECOND MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
COMPANY NAME:	_____	
CITY, STATE:	_____	
PHONE NUMBER: ( ) _____	DATES EMPLOYED: FROM _____	TO _____
JOB TITLE: _____	SUPERVISOR: _____	
DUTIES:	_____	
SALARY: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	REASON FOR LEAVING: _____	

<b>THIRD MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
COMPANY NAME:	_____	
CITY, STATE:	_____	
PHONE NUMBER: ( ) _____	DATES EMPLOYED: FROM _____	TO _____
JOB TITLE: _____	SUPERVISOR: _____	
DUTIES:	_____	
SALARY: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	REASON FOR LEAVING: _____	

<b>FOURTH MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
COMPANY NAME:	_____	
CITY, STATE:	_____	
PHONE NUMBER: ( ) _____	DATES EMPLOYED: FROM _____	TO _____
JOB TITLE: _____	SUPERVISOR: _____	
DUTIES:	_____	
SALARY: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	REASON FOR LEAVING: _____	

**Driver License Information**

Yes  No If the job requires, do you have the appropriate valid driver license?  
Name on license \_\_\_\_\_ Type \_\_\_\_\_  
DL # \_\_\_\_\_ Issuing State: \_\_\_\_\_  
 Yes  No Have you had any moving violations within the last seven years?  
If yes, please describe. \_\_\_\_\_

**Criminal History**

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Yes  No Have you ever been convicted of or pleaded guilty to a crime? **Do not include convictions that were sealed, erased, annulled or expunged pursuant to a court order.**  
Please explain any "Yes" answer. Use additional paper if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification and Release**

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time of false information or omission is discovered.

I understand that any additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This application will only be considered for 90 days. If you have not been hired within 90 days of filing out this application and you wish to be considered for future employment, you must complete a new application.

## Supplemental Application for D.O.T. Drivers

Hiland Dairy Foods Company, LLC ♦ 1133 East Kearney, Springfield, MO 65803 ♦ (417) 862-9311

### Applicant Information

Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden Name (if any) \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

<b>Addresses for past three years</b>	Address _____	City _____	ST _____	Zip _____	How Long? _____
	Address _____	City _____	ST _____	Zip _____	How Long? _____
	Address _____	City _____	ST _____	Zip _____	How Long? _____
	Address _____	City _____	ST _____	Zip _____	How Long? _____

Attach Sheet if More Space is Needed

### Experience and Qualifications – Driver

Driver Licenses	State	License No.	Type	Expiration Date

### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximately No. of Miles (Total)
		From	To	
Straight Truck				
Tractor/Trailer				
Tractor/2 Trailers				
Other				

### Accident Record for Past Three (3) Years or More (Attach Sheet if More Space is Needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

### Traffic Convictions and Forfeitures for Past Three (3) Years or More (Other than parking violations)

Location	Date	Charge	Penalty

Attach Sheet if More Space is Needed

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, attach statement giving details.

## Employment Record

Attach Sheet if More Space is Needed

NOTE: DOT requires that employment for at least 3 years previous and/or Commercial Driving Experience for the past 10 years be shown. Please list most recent Employer(s) first.

Employer Name: _____			
Address _____			
Phone ( ) _____	Supervisor _____		
Position Held _____	From _____	to _____	Salary _____
Reason for Leaving _____			
• Were you subject to FMCSRs 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 & alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name: _____			
Address _____			
Phone ( ) _____	Supervisor _____		
Position Held _____	From _____	to _____	Salary _____
Reason for Leaving _____			
• Were you subject to FMCSRs 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 & alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name: _____			
Address _____			
Phone ( ) _____	Supervisor _____		
Position Held _____	From _____	to _____	Salary _____
Reason for Leaving _____			
• Were you subject to FMCSRs 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 & alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

- Were you subject to FMCSRs while employed?  Yes  No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

- Were you subject to FMCSRs while employed?  Yes  No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

- Were you subject to FMCSRs while employed?  Yes  No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

- Were you subject to FMCSRs while employed?  Yes  No
- Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Declaration of Employment Status**  
**– This refers to any gaps in employment history –**

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

During this time, I was engaged in the following activity: \_\_\_\_\_

In addition:

- I was not employed by any company or individual
- I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

**To Be Read and Signed By Applicant**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employer
- Have errors in the information corrected by previous employers and for those previous employers to resubmit 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 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_