

APPLICATION FOR EMPLOYMENT

Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

To be completed by Employer:

Motor Carrier: <u>Parker Ag Services, LLC</u>	
Address: <u>53036 Hwy 71 Limon CO 80828</u>	
Applicant's Name:	Date of Application:
Current Address:	Social Security No.:
	Date of Birth:
Length of time at this address:	Telephone No.:

To be completed by Applicant:

Previous addresses for last three years (most recent first)				
Street	City	State/Zip	How long	Additional Information Attached
				<input type="checkbox"/>

List all CDL licenses and/or permits for the last three years			
State	Number	Expiration Date	Additional Information Attached
			<input type="checkbox"/>

List the nature and extent of your experience operating different types of motor vehicles (e.g. Buses, trucks and trailers)		
Type	Experience in Years and / or Miles Driven	Additional Information Attached
		<input type="checkbox"/>

List all motor vehicle accidents in which you were involved during the last three years				
Date	City/State	Nature of Accident	Fatalities	Injuries

Check here to certify that you have had no accidents in the last three years

List all violations (other than parking) for which you were convicted or forfeited bond / collateral during the last three years			
Date	City/State	Charge	Penalty

Check here to certify that no such denial, revocation, or suspension has occurred

Please detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle:

DQF 1 - APPLICATION FOR EMPLOYMENT

Retain for 3 years after ceasing duties

Discard After:



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Employment History

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 26,001 lbs. or more, ability to transport 16 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years total for whom you operated such vehicles. Please start with your most recent prior employer.

Employer Name:	Employed From: / To: /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name:	Employed From: / To: /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Office Use Only

<input type="checkbox"/> Applicant Hired Date:	Start Date:	Authorized by:
<input type="checkbox"/> Rejected for reasons of:		
<input type="checkbox"/> Date of Termination of Employment:	Authorized by:	
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Quit	<input type="checkbox"/> Other:
Reason:		

I certify that this application was completed by me, and that all the information is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Driver's Information

Driver's Name: _____
CDL Number: _____
CDL State: _____
Date of Expiration: _____
Date of DOT Physical: _____
Date of Expiration: _____

Person to Contact in Emergency

Name: _____
Address: _____

Phone Number: _____

Authorization

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without previous notice.

Signature: _____
Date: _____