



## Employment Application (CDL)

### Applicant Information

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

### Residency Information

**Residency Information is required for 3 years prior to the application date**

Present Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

Mailing Address (if different) \_\_\_\_\_

**If not at current address for 3 years or more, list prior residency for past 3 years (REQUIRED)**

Previous Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

Previous Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years old or older?  Yes  No

Are you authorized to work in the U.S.?  Yes  No Referred by: \_\_\_\_\_

State the name of any relatives, other than spouse, already employed by this company. \_\_\_\_\_

### POSITION DESIRED

Position: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you previously worked for this company?  Yes  No If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Former supervisor(s) at this company: \_\_\_\_\_

How did you learn of this opening: \_\_\_\_\_

### Education

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: \_\_\_\_\_

Other special skills: \_\_\_\_\_

Have you ever been convicted of a crime?\*  Yes  No

If yes, give details, including date(s): \_\_\_\_\_

\*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

## Previous Employment

All driver applicants must provide the following information on **all employers for the past 3 years** preceding this job application.

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City State Zip Code (Date) (Date)

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

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

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No
2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

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Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City State Zip Code (Date) (Date)

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

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

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No
2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

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Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City State Zip Code (Date) (Date)

Position Held: \_\_\_\_\_ Duties: \_\_\_\_\_

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

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No
2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

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## Previous Employment (Prior 7 Years – DOT Only)

**List all additional employers for which you operated a commercial motor vehicle during the 7 year period prior to the 3 years or employment covered by the preceding section.**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(Date) (Date)

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Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(Date) (Date)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(Date) (Date)

**License Information**

Section 383.21 FMCSR states: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

I certify that I do not have more than one motor vehicle license, the information for which is listed below:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
License # State Type (Class - A/B/C/D/Seasonal/Permit) Expiration Date

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

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If "yes" to either question, explain: \_\_\_\_\_

**Driving Experience and Qualifications**

**Check this box if you have NO commercial motor vehicle driving experience:**

Years of CMV driving experience: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Equipment Experience:	Type of Truck (tank, flat, dump)	Years Exp.	# of Miles
<input type="checkbox"/> Straight Truck	_____	_____	_____
<input type="checkbox"/> Tractor & Semi Trailer	_____	_____	_____
<input type="checkbox"/> Tractor - 2 Trailers	_____	_____	_____
<input type="checkbox"/> Tractor - 3 Trailers	_____	_____	_____

List states operated in (past 5 years): \_\_\_\_\_

List any driver training courses you have completed: \_\_\_\_\_

**Accident Record**

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)  
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Dates Month/Year	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spill?
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No
/				<input type="checkbox"/> Yes <input type="checkbox"/> No

## Traffic Convictions and Forfeitures

**For the past 5 years, list all traffic convictions and forfeitures (not including parking violations).  
If you have not had any convictions and/or forfeitures in the past 5 years, write NONE in the space provided.**

Date Convicted Month/Year	Violation	State of Violation	Penalty (Forfeited bond, collateral, points)
/			
/			
/			
/			

### Notice

*Legacy Cooperative provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Legacy Cooperative complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.*

*Legacy Cooperative expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Legacy Cooperative's employees to perform their job duties may result in discipline up to and including discharge.*

*Employment with Legacy Cooperative is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, Legacy Cooperative may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.*

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may be justification for my discharge from employment if discovered at a later date if this application leads to employment. I agree to immediately notify Legacy Cooperative if I should be charged with a criminal offense while my employment application is pending.*

*I understand that, if hired, I may not hold other employment, nor engage in consulting, sales or other activities that may create a conflict of interest with Legacy Cooperative.*

*I understand that in consideration of my employment application I may be subject to any or all of the following drug and alcohol testing policies of Legacy Cooperative: Pre-employment Testing, Random Testing, Reasonable Suspicion Testing, Post-accident Testing, Return-to-work Testing and Follow-up Testing.*

*I understand that this employment application will expire in thirty (30) days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new employment application.*

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

## Applicant Statement of Previous Drug and Alcohol Test

Sec. 40.25(j) As an employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre--employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety--sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of return-to-duty process. (See Sec.40.25(b)(5) and (e))

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive\*\* transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  Yes  No
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?  Yes  No

**I certify that the information provided on this document is true and correct.**

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnesses' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Examples of safety sensitive functions in Department of Transportation (DOT) regulated modes subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 include, but are not limited to, pipeline controllers, airline mechanics, locomotive hostlers/helpers, bus drivers and any commercial driving position where a CDL is required.

The Federal Motor Carrier Safety Administration regulates drivers of any self--propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle—(1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 4,536 kg (10,001 pounds) or more, whichever is greater; or (2) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C.

**Driver Certification of Violations  
Annual Review of Driving Record**

**CERTIFICATION – TO BE COMPLETED BY DRIVER (REQUIRED)**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past **12 months**.

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Driver Name: \_\_\_\_\_  
LAST
FIRST
MI

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

**THE FOLLOWING TO BE COMPLETED BY REVIEWER**

**Review and Evaluation of Driver Record**

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- Driver meets the minimum requirements for safe driving.
- Driver is disqualified to drive a motor vehicle as stated in Section 391.15.

Action Taken: \_\_\_\_\_

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

## Previous Employer Request for Safety Performance History

**To be completed and signed by the applicant.** A separate form is required for each employer in the 3 years prior to the date of the applicant's signature below where the applicant answered yes to either question 1 or 2 below.

Applicant Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_  
  LAST  FIRST  MI

Prior Employer Name: \_\_\_\_\_ Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
  STREET  CITY  STATE  ZIP

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No
2. Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol records by my previous employer, listed above, to the Prospective Employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and Part 391, Section 391.23. I understand that the information to be released by my previous employer pursuant to this release, is limited to the following DOT--regulated items for the past two years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations and/or other violations of DOT agency drug and alcohol prohibitions;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return--to--duty process following a rule violation.
7. Information on whether there was a failure to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to DOT regulations;
8. For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a DOT referral:
  - Alcohol tests with a result of 0.04 or higher alcohol concentration
  - Verified positive drug tests
  - Refusals to be tested (including verified adulterated or substituted drug test results).

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

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### TO BE COMPLETED BY PREVIOUS EMPLOYER

Your firm is listed by the applicant as a past employer. Per regulations §382.413, 40.25, 391.23 you are required to provide the following information in a timely manner.

#### I. SAFETY PERFORMANCE HISTORY

If **NO Safety Performance History** to report, check here  & continue to DOT Drug & Alcohol Testing.

1. Was the above--mentioned applicant employed\* with your motor carrier?  Yes  No  
(\*Employed may be taken to mean utilized under your USDOT number, even though he/she was not an employee under other agency definitions such as IRS or DOL.)

2. This applicant lists dates of employment with your firm above, are these dates correct?  Yes  No

If no, please explain: \_\_\_\_\_

3. Did he/she operate a commercial motor vehicle for you?  Yes  No

If yes, indicate type(s):

Straight Truck     Tractor-Semitrailer     Cargo Tank     Doubles/Triples     Bus

Other: \_\_\_\_\_

4. Accident Record for the previous three years:

Date	Location City/State	# of Injuries	# of Fatalities	HazMat Released	DOT Reportable	Description
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**II. DOT DRUG & ALCOHOL TESTING HISTORY**

If the applicant was NOT SUBJECT to DOT testing requirements under 49 CFR Part 40 while employed with you, check here  sign and date below and return.

In the two years prior to the date of the employee's signature for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher?  Yes  No
  2. Did the employee have verified positive drug tests?  Yes  No
  3. Did the employee refuse to be tested?  Yes  No
  4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?  Yes  No
  5. Did the previous employer report a drug and alcohol rule violation to you?  Yes  No
- If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?  N/A  Yes  No

**NOTE:** If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP reports, follow-up testing record).

**Completed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*This section is for internal use only*

**1<sup>st</sup> Attempt:**

Date sent to former DOT-regulated employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method sent:  Faxed  Mailed  Emailed  Other: \_\_\_\_\_

Sent by: \_\_\_\_\_ Title: \_\_\_\_\_

Was the information returned by the former employer?  Yes  No If yes, date received: \_\_\_\_\_

**2<sup>nd</sup> Attempt:**

Date sent to former DOT-regulated employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method sent:  Faxed  Mailed  Emailed  Other: \_\_\_\_\_

Sent by: \_\_\_\_\_ Title: \_\_\_\_\_

Was the information returned by the former employer?  Yes  No If yes, date received: \_\_\_\_\_

**3<sup>rd</sup> Attempt:**

Date sent to former DOT-regulated employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method sent:  Faxed  Mailed  Emailed  Other: \_\_\_\_\_

Sent by: \_\_\_\_\_ Title: \_\_\_\_\_

Was the information returned by the former employer?  Yes  No If yes, date received: \_\_\_\_\_



## Driver Statement of On-Duty Hours

(For new hires or intermittent drivers)

**Instructions:** Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty time during the immediately preceding seven days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8 (j)(2) Federal Motor Carriers Safety Regulations.

**Note:** Hours for any compensated work during the preceding seven days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print): \_\_\_\_\_ SSN (last 4): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ License Class: \_\_\_\_\_ Issuing State: \_\_\_\_\_

### Compensated Worked Time (Prior 7 Days)

DAY	1	2	3	4	5	6	7	
DATE	/	/	/	/	/	/	/	TOTAL HOURS
HOURS								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_ : \_\_\_\_\_ AM / PM on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time Day Month Year

Are you currently working for another employer?  Yes  No

At this time do you intend to work for another person while still employed by this company?  Yes  No

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I hereby certify that the information given above is true and I understand that once I become employed with the company, if I begin work for any additional employer(s) for compensation that I must inform this company immediately of such employment activity. (395.2 (8) and (9))

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

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

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**Previous Employment Verification**

For drivers with no prior DOT experience during the preceding 3 years.

**Location Name:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
(print)                                      Last                                      First                                      Middle

- No investigation was possible – applicant had no previous employment experience working for a DOT regulated employer during the preceding three (3) years from application date.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Important:** To be considered for employment with Legacy Cooperative this application must also be accompanied by a completed **'Combined Disclosure and Authorization Regarding Background Consumer Reports.'**\*\*\*

Completed Employment Applications can be returned to [erica.peters@legacy-cooperative.com](mailto:erica.peters@legacy-cooperative.com) or the address below:

Legacy Cooperative  
**Attn:** Human Resources Department  
P.O. Box 8  
5954 Hwy 66  
Bisbee, ND 58317