

QUALITY PLUS FEEDS

2033 Locust St.
St. Paul, IA 52657

DOT - EMPLOYMENT APPLICATION FORM

Application Date _____

Interview Date _____

*Prior to employment, applicants are not required to give any information on this form which is prohibited by Federal, State, or Local Law.

GENERAL INFORMATION:

Last Name _____ First Name _____ Initial _____ Social Security Number _____

Address _____ Cell or Home Telephone _____

City, State, Zip _____ Message Telephone _____

Position Applied For _____ Salary Desired _____

Date Available _____ Hours Available: _____ Full Time
_____ Part Time

How did you hear about the job opening? _____ Ad _____ Internet _____ Friends _____ Walk-In _____ QP Employee

Have you ever applied for work with us before? _____ YES _____ NO

Are you over 18 years of age? _____ YES _____ NO

Can you perform the essential functions of the job for which you are applying? _____ YES _____ NO

If hired, will you be able to work weekends and overtime? _____ YES _____ NO

If you answered, NO please explain. _____

Have you ever been convicted of a crime, excluding minor traffic violations? _____ YES _____ NO

If you answered YES, please explain. "Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment." _____

EDUCATIONAL INFORMATION:

School _____ Address _____ Major Studies _____ Degree, Diploma, License, or Certificate _____ GPA _____

High School

Vocation/Business/Other

College/University

Graduate

Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment, or training)

Military Service (list date, branch of military service, experience, and skills gained) _____

ADDRESSES FOR THE PAST THREE YEARS:

Street or Apt. Number	City	State and Zip	How Long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE AND QUALIFICATIONS:

Class of Equipment	Type of Equipment	From Date / To Date	Make, Model, Manufacturer
Straight Truck	_____	_____	_____
_____	_____	_____	_____
Tractor Trailer	_____	_____	_____
_____	_____	_____	_____
Double or Triples	_____	_____	_____
_____	_____	_____	_____
Other	_____	_____	_____
_____	_____	_____	_____

DRIVER'S LICENSE:

License Number	State	Type of License	Expiration Date
_____	_____	_____	_____

ACCIDENT RECORD: (Please list all accidents)

Location	Date	Nature of Accident	Fatalities	Injuries
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS:(other than parking, place on the back of sheet if more space is needed)

Location	Date	Violation	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 was yes, please provide details: _____

EMPLOYMENT HISTORY:

The DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown.

List all employers, starting with the most recent position. (If additional space is needed, please turn over and place on back of sheet)

Most Recent Employer: Is this your current employer? NO YES May we contact this employer for references? NO YES

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Employed From Employed To Job Title Starting Salary Ending Salary

Job Description _____

Reason for Leaving _____

Next Most Recent Employer:

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Employed From Employed To Job Title Starting Salary Ending Salary

Job Description _____

Reason for Leaving _____

Next Most Recent Employer:

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Employed From Employed To Job Title Starting Salary Ending Salary

Job Description _____

Reason for Leaving _____

Next Most Recent Employer:

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Job Description _____

Reason for Leaving _____

Next Most Recent Employer:

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Employed From Employed To Job Title Starting Salary Ending Salary

Job Description _____

Reason for Leaving _____

YOU MUST ANSWER THE FOLLOWING QUESTIONS. FAILURE TO DO SO WILL RESULT IN VOIDING YOUR APPLICATION.

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work? _____Yes _____No
2. Have you ever tested positive for drugs and/or alcohol on a test required by the Federal Motor Carrier Safety Regulations? _____Yes _____No
3. If you answered yes to either of the above questions, have you completed required treatment and return to duty testing as order by a certified Substance Abuse Professional (SAP)? _____Yes _____No

Certification and Authorization

I certify that this application was completed by me and that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by Quality Plus Feeds, Inc.

Signature

Date

Applicants are required to furnish proof of identity and legal work authorization prior to hire.

Please be informed that the above provided information will be used to conduct an investigation into the safety performance history and previous employers will be contacted to provide information.

You, as an applicant, have the following rights as listed in 49 CFR 391.23

- **The right to review information provided by previous employers**
- **The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to your prospective employer**
- **The right to have rebuttal statement attached to the alleged erroneous information, if your previous employer and you cannot agree on the accuracy of the information.**

If you desire to review this safety performance history provided by a previous employer, you may do so by submitting a written request to us anytime from the date of application submittal or as late as 30 days after becoming employed with us or being notified of denial of employment.

Request to make corrections of information provided by previous employers must be submitted to that previous employer. You may report failures of previous employers to correct information or allow for rebuttal via procedures outlined in 49 CFR 386.12