

## Commercial Drivers License Information

As required under FMCSA section 49 C.F.R. 391.21

North Iowa Cooperative  
105 S. 1<sup>st</sup>. St. P.O. Box 90, Thornton, IA 50479

Name:	_____	_____	_____	_____
	Last	First	MI	
Current Address:	_____	_____	_____	_____
	Number	Street	City	State Zip
DOB:	_____	SSN: _____	Telephone # ( ) _____	- _____
Email:	_____			

List addresses at which you resided during the last three years:

_____	_____	_____	_____	_____
Number	Street	City	State	Zip
_____	_____	_____	_____	_____
Number	Street	City	State	Zip
_____	_____	_____	_____	_____
Number	Street	City	State	Zip

(use back of form if additional space is needed)

Commercial Motor Vehicle License or Permit Information

Issuing State \_\_\_\_\_; License/Permit Number \_\_\_\_\_; Expiration Date \_\_\_\_\_;  
(If more than one State issued license/permit, include information below)

Issuing State \_\_\_\_\_; License/Permit Number \_\_\_\_\_; Expiration Date \_\_\_\_\_;

Issuing State \_\_\_\_\_; License/Permit Number \_\_\_\_\_; Expiration Date \_\_\_\_\_;

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	Has any license, permit, or privilege ever been revoked or suspended?
Yes __; No __;	Yes __; No __;

If you answered "yes" to either question above, you must explain, in detail, the circumstances and facts related to the denial, revocation, or suspension.

List all motor vehicle accidents in which you were involved during the three years prior to the date of this application. You must specify the date and nature of each accident and any fatalities or personal injuries it caused.

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three years prior to the date of this application.

List the nature and extent of your experience in the operation of motor vehicles and any endorsements you may have.

<u>Class of Equipment</u> (circle those that apply)	<u>Type (flat tank, van, etc.)</u>	<u>Date (starting – ending)</u>
<b>Straight Truck</b>		- ;
<b>Tractor &amp; Semi-Trailer</b>		- ;
<b>Tractor – Two Trailers</b>		- ;
<b>Buses</b>		- ;
<b>Other</b>		- ;

**Employment History — *past ten years, list most recent first***

Company name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's while employed by this employer? Yes \_\_\_; No \_\_\_;

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements (49 CFR part 40)? Yes \_\_\_; No \_\_\_;

Company name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's while employed by this employer? Yes \_\_\_; No \_\_\_;

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements (49 CFR part 40)? Yes \_\_\_; No \_\_\_;

Company name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's while employed by this employer? Yes \_\_\_; No \_\_\_;

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements (49 CFR part 40)? Yes \_\_\_; No \_\_\_;

Company name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's while employed by this employer? Yes \_\_\_; No \_\_\_;

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements (49 CFR part 40)? Yes \_\_\_; No \_\_\_;

Company name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's while employed by this employer? Yes \_\_\_; No \_\_\_;

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements (49 CFR part 40)? Yes \_\_\_; No \_\_\_;

If additional space is needed, use back of form:

I certify that the information provided by me on this Application Form is correct. I understand that the furnishing of any misleading or incorrect information on this Application Form or its attachments will be just cause for termination should I become employed by the company, regardless of when or how discovered.

If hired for a position that requires driving a company owned vehicle, a rental vehicle or my personal vehicle for company business, I authorize the company to obtain a Motor Vehicle Record report. The Company's insurance company may also obtain a report through its sources. I understand that if the position I am applying for involves driving a motor vehicle, it is imperative that a good driving record exists.

It is agreed and understood that the company or its agents may investigate my background to ascertain any and all information of concern to my employment history. I also authorize any and all of my former employers listed on this Application Form to furnish any information regarding my job performance. I agree to hold my former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of my suitability for employment.

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Signature of Applicant

Date

**Administrative Use Only:**

Schedule Interview Yes\_\_\_ No\_\_\_ Date/Time\_\_\_\_\_

Remarks\_\_\_\_\_

Employed Yes\_\_\_ No\_\_\_ Date of Employment\_\_\_\_\_

Job Title\_\_\_\_\_ Hourly Rate/Salary\_\_\_\_\_

Notes\_\_\_\_\_

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