



COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

Applications may be delivered to any company location or sent to:

AFCO Distribution & Milling
 11016 E. Montgomery Drive
 Spokane Valley, WA 99206

emailed to:
HR@afcodistribution.com

Name (first, middle initial, last):		Other names used:	Telephone #:	Today's date:
Address:			Position applied for:	
Previous address if less than three years at above address:			Email address:	
Location: <input type="checkbox"/> Distribution Center (Spokane Valley) <input type="checkbox"/> Distribution Center (Burlington)		Desired wage: \$	Are you age 21 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Days available to work: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Hours per week available to work:		
Employment desired (check all applicable): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		When are you available to start work?		
Have you ever applied to or worked for the company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain (include date):			Do you have a valid CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any friends, relatives or acquaintances working for the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", state name and relationship:				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, describe the functions that cannot be performed:				
<p><i>The company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that an applicant may be tested on skill/agility and subject to medical examination conducted by a medical professional.</i></p>				

EDUCATION

Please provide highest level of education obtained:

Name of school:

Degree or emphasis of study:

- Diploma or GED
 Certificate Did not finish
 Currently attending

REFERENCES

Please list two references other than relatives. You may skip this section if providing references as an attachment.

Name: _____

Relationship: _____

Phone #: _____

Name: _____

Relationship: _____

Phone #: _____

OTHER INFORMATION

Please use this space to elaborate on any competences, computer skills, knowledge, background, experience or other qualifications that you believe should be considered. You may include hobbies, volunteer experience or any other activities you believe relevant. Attach a separate page if necessary. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, criminal history or disability.

DRIVING HISTORY

What class of CDL do you possess? A B C

Check applicable Hazmat (H or X)

Doubles/Triples (T)

Do you possess a valid Medical Examiner's Certificate? Yes No

endorsements: Tank Vehicle (N or X)

Air Brake Restriction (K)

Driver License Information: List all driver's licenses or permits held in the past three years. Attach an additional sheet if more space is needed.

	<u>State</u>	<u>License Number</u>	<u>Expiration Date</u>	<u>Restrictions</u>
Current:				
Previous:				
Previous:				

Detail facts & circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle. If none, write "none":

Accidents: List all accidents for the past three years. Attach an additional sheet if more space is needed. If none, write "none".

	<u>Date</u>	<u>Nature of Accident (head-on, rear-end, upset, etc.)</u>	<u># of Injuries</u>	<u># of Fatalities</u>	<u>Hazmat Spill?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No

Violations: List all violations of motor vehicle laws or ordinances (other than parking violations) for the past three years. Attach an additional sheet if more space is needed. If none, write "none".

	<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>
1.				
2.				
3.				

Driving Experience: Check classes of equipment driven:

- Straight Truck
- Tractor / Semi-Trailer
- Tractor & Two+ Trailers
- Other:

Driving History: Describe the type of equipment driven below (van, tank, flat, etc.):

	<u>Dates</u>		<u>Approx. # of miles driven</u>
	<u>From</u>	<u>To</u>	

WORK EXPERIENCE

Please list your work experience for the past ten years beginning with your most recent job held. Attach additional sheets if necessary. If you were self-employed, give business name. Resumes are not a substitute in lieu of completing the work history listed on pages 2 – 3 but are accepted as a supplement to this application. Please explain any gaps in work history.

Employer Name:	Your Job Title:	Employment Dates:
		From: To:
Address:		Phone: Contact Person:
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this employer:

Employer Name:	Your Job Title:	Employment Dates:
		From: To:
Address:	Phone:	Contact Person:
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this employer:		

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Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this employer:		

APPLICATION STATEMENT

Did you complete this application yourself? Yes No If not, who did?

In exchange for the consideration of my job application by Skagit Farmers Supply (also known as "AFCO Distribution & Milling" or "Country Store"), (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO or Board of Directors of the Company. Both the undersigned and the Company may end the employment relationship at any time without specified notice or reason, where allowable by law. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for may be cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability because of such contact.

I understand that, in connection with the routine processing of your employment application, the company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I certify that all entries on this application are true and complete to the best of my knowledge.

Applicant Signature (If you are submitting this application electronically, your signature will be required upon hire)

Date

Skagit Farmers Supply is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. Thank you for completing this application and for your interest in our company.

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