

RIVER VALLEY COOPERATIVE

Driver's Application for Employment

Company: _____ Address: _____

City, State and Zip Code: _____

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, non-job related disability, marital status or veteran status.

Date of Application: _____

Position(s) Applied for: _____

Name: _____ Social Security No: _____
Last First Middle

Street Address: _____

City, State, Zip Code: _____
How Long?

Home Telephone: _____

Date of Birth: ____/____/____ Can you provide proof of age: ___Yes ___No
(required for truck drivers)

Address for Past Three Years

Street City State Zip Code How Long?

Street City State Zip Code How Long?

Apart from absence for religious observance, are you available for full-time work? ___Yes ___No

If not, what hours can you work? _____ Will you work overtime, if asked? ___Yes ___No

Are you legally eligible for employment in the United States? ___Yes ___No

When will you be available to begin work? _____

Have you worked for this company before? ___Yes ___No Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you currently employed? ___Yes ___No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

EXPERIENCE and QUALIFICATIONS - DRIVER

	State	License No.	Type	Expiration Date
DRIVER: LICENSES	<hr/>			
	<hr/>			
	<hr/>			

Driving Experience

	Type of Equipment (Van, Tank, Flat, etc.)	Dates From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and semi-trailer				
Other				

Accident Record for Past Three Years or More (Attach sheet if more space is needed)

	Dates	Nature of Accident	Fatalities/Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations) (Attach 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 is yes, attach statement giving details)

Applicant's Name: _____ Social Security No: _____

- A. A person is physically qualified to drive a motor vehicle if he/she:
Has no loss of a foot, leg, hand or arm, or has been granted a waiver pursuant to Section 391.49.
- B. Whether an individual has an impairment of: (i) A hand or finger which interferes with pretension or power grasping; or (ii) an arm, foot or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or (iii) any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or (iv) has been granted a waiver pursuant to Section 391.49.
- C. A person is physically qualified to drive a motor vehicle if he/she:
Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
- D. Whether an individual has a "current clinical diagnosis of" myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or cardiovascular disease; whether the "current clinical diagnosis of" is "known to be accompanied by "syncope, dyspnea, collapse, or congestive cardiac failure.
- E. Whether an individual has an established medical history or clinical diagnosis of a respiratory dysfunction, and whether that dysfunction is likely to interfere with an individual's ability to safely control and drive a motor vehicle.
- F. Whether an individual has current diagnosis of high blood pressure likely to interfere with a driver's ability to operate a motor vehicle.
- G. Whether an individual has an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease and whether that condition interferes with his/her ability to safely control and operate a motor vehicle.
- H. Whether an individual has an established medical history or clinical diagnosis of epilepsy; or whether an individual has any condition which is likely to cause the loss of consciousness; or whether an individual has any condition which would cause the loss of ability to control a motor vehicle.
- I. Whether an individual has a mental, nervous, organic, or functional diseases or psychiatric disorder, and whether the disease or disorder is likely to interfere with the driver's ability to drive a motor vehicle safely.
- J. Whether an individual has a distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses; whether an individual has distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses; and whether an individual has a field of vision of at least 70 degrees in the horizontal meridian in each eye; and whether an individual has the ability to recognize the colors of traffic signals and devices showing standard red, green and amber.
- K. Whether an individual can first perceive a forced whisper voice in the better ear at not less than five feet with or without the use of a hearing aid, or if tested by use of an audiometric device calibrated by the American Standards Association (Z24.5 - 1951), whether an individual has an average hearing loss in the better ear not greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz.
- L. Whether an individual uses a Schedule 1 drug or other substance identified in Appendix D to this subchapter (391.41), an amphetamine, a narcotic, or any other habit-forming drug.
- M. Whether an individual has a "current clinical diagnosis of alcoholism."

IF YOU HAVE EVER HAD A CLINICAL DIAGNOSIS OR ARE SUFFERING FROM ANY OF THE FOREGOING, YOU MAY NOT BE PHYSICALLY QUALIFIED TO DRIVE A COMMERCIAL MOTOR VEHICLE, THEREFORE, YOU MUST SUPPLY A DOT-APPROVED MEDICAL CERTIFICATE WITH THE APPLICATION.