



APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							

EDUCATION

High School				Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
College				Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
Other				Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							

REFERENCES

Please list three professional references.

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

LEADING ANIMAL NUTRITION

EMPLOYMENT RECORD (attach sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). List the complete mailing address: street number and name, city, state and zip code.

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Reason for Leaving			

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

LEADING ANIMAL NUTRITION

24 Railroad Square
Newport, VT 05855

24 Depot Street
Swanton, VT 05488
1.800.334.6731

1873 VT Rte. 67E
N. Bennington, VT 05257
www.poulingrain.com

6005 US Highway 11
Canton, NY 13617

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Reason for Leaving			
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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.			

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MILITARY SERVICE

Branch	From	To	Type of Discharge	Rank at Discharge

PREVIOUS THREE YEARS RESIDENCY

Years	Address	City, State	Zip Code

LICENSE INFORMATION

State	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, tank, etc.)	Approx. no of miles total
Straight Truck		
Tractor and Semi-Trailer		
Tractor –Two Trailer		
Other		

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE:

Date	Nature of Accident head on, rear-end	# of fatalities	# of injuries	Chemical Spills
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

MOTOR VEHICLE VIOLATIONS AND FORTFEITURES FOR THE PAST 3 YEARS

Date	Violation	State of Violation Location	Penalty
	Have you been denied a license, permit or privilege to operate a motor vehicle?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
	Has any license, permit or privilege ever been suspended or revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
	Have you been denied a license, permit or privilege to operate a motor vehicle?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquiries to my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. "I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE: ____/____/____ APPLICANT'S SIGNATURE: _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE: ____/____/____ APPLICANT'S SIGNATURE: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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DOT licenses check sign off sheet.

I, _____, employee/applicant for employment of Poulin grain Inc. hereby authorize Poulin Grain, to obtain, copy, inspect and examine copies of any and all records, documents, reports and other information on file or available with any State Department of Motor Vehicles or other similar department and any other such similar information related to my driver's license (State _____, Date of Birth _____, License # _____). A photocopy of this Authorization shall be accepted as an original.

Date: _____

Driver signature _____

REQUEST FOR CHECK OF DRIVING RECORD

NOTE: This form may only be used in states that do not require a specific form.

CAUTION: When using a third party to request background information on applicants or existing employees - such as motor vehicle records, information from previous employers, criminal records, or credit history - you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you to release the following information to _____
(Employer)

for purposes of investigation as required by Sections 391.23 and 391.25_ of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Driver's Signature)

(Date)

I also hereby certify that this report request and the above driver's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)