

**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).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

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 No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

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 No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

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 No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial 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.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE																
I, (Print Name) _____																	
Hereby authorize:	<table style="width:100%; border:none;"> <tr> <td style="width:25%;">First</td> <td style="width:25%;">M.I.</td> <td style="width:25%;">Last</td> <td style="width:25%;">Social Security Number</td> </tr> <tr> <td colspan="3"></td> <td>_____</td> </tr> <tr> <td colspan="3"></td> <td>_____</td> </tr> <tr> <td colspan="3"></td> <td>_____</td> </tr> </table>	First	M.I.	Last	Social Security Number				_____				_____				_____
First	M.I.	Last	Social Security Number														

Previous Employer:	_____ Email: _____																
Street:	_____ Telephone: _____																
City, State, Zip:	_____ Fax No.: _____																
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)																	
To:	Prospective Employer: <u>Ag Valley Co-op</u>																
	Attention: <u>Kevin Nielsen</u> Telephone: <u>(308)927-3681</u>																
	Street: <u>P.O. Box 68</u>																
	City, State, Zip: <u>Edison, NE 68936</u>																
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.																	
Prospective employer's fax number: <u>(308)927-2455</u>																	
Prospective employer's email address: <u>knielsen@agvalley.com</u>																	
_____	_____																
Applicant's Signature	Date																
This information is being requested in compliance with §40.25(g) and 391.23.																	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER					
ACCIDENT HISTORY						
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>						
Employed as _____ from (m/y) _____ to (m/y) _____						
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____						
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>						
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.						
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.						
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">Date</td> <td style="width:20%;">Location</td> <td style="width:20%;"># Injuries</td> <td style="width:20%;"># Fatalities</td> <td style="width:20%;">Hazmat Spill</td> </tr> </table>	Date	Location	# Injuries	# Fatalities	Hazmat Spill
Date	Location	# Injuries	# Fatalities	Hazmat Spill		
1.	_____					
2.	_____					
3.	_____					
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____						

Any other remarks:						

Signature: _____						
Title: _____	Date: _____					

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
<p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- | |
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| <p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3 |
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- | |
|---|
| <p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form |
|---|

AG VALLEY COOP EMPLOYMENT CONDITIONS

Thank you for considering Ag Valley Coop as a potential employer. Before completing the Employment Application, we wish to emphasize several points. Please check the box next to each statement and sign where indicated to acknowledge your understanding.

- Ag Valley Coop is an equal employment opportunity employer which selects the individual it feels is the best match for the job based on job-related qualifications, and regardless of race, color, creed, sex, national origin, religion, age, disability, or other protected group status.
- When conditions warrant, other management personnel may be given authorization to confirm employment for a brief, interim period.
- Employment with Ag Valley Coop is based on the "at will" doctrine, meaning that either the employee or the employer may terminate the employment relationship at any time and for any reason.
- We hope that we never have to lay off employees. However, we have clearly established that right and will lay off employees if management feels it is best for the company.
- Ag Valley Coop has an anti-harassment policy that states that harassment of any kind will not be tolerated in the workplace, and that any and all complaints of harassment will be investigated fully, fairly, and quickly, and will be decisively resolved.
- Only the General Manager of Ag Valley Coop has the authority to enter into an agreement for employment; oral modifications to either employment-at-will status or to an existing hiring agreement are not valid. Should you be hired, any offers made by your supervisor are valid only if Human Resources have approved them, in writing.
- Dishonesty in the completion of the employment application will cause it to be considered invalid. Should the dishonesty become known in the future, regardless of how much time has passed, it may be considered grounds for immediate termination.
- Although an employee's rate of compensation may be expressed in a specific time frame (i.e., \$30,000 per year or \$2,000 per month), the term "year" and "month" are not to be construed as a guarantee of employment for that period of time.
- The first part of the Employment Application is for personal identification only. The questions listed are not intended to ask for information that could be labeled as discriminatory.
- In an attempt to be fair, the Employment Application is designed to only request information that will help in determining personal identification; job-related skills, qualifications, and abilities; work history and reliability; and education.
- Company management wants to make it clear that only written policies are binding. Regardless of what, and by whom, an employee may be told, *only written policies are binding*.
- If you are offered and accept a position with Ag Valley Coop, you may be required to complete a supplemental information application, which requests additional information such as your race, sex, etc. The information on this form will not be considered in any employment decisions; it is needed for various record-keeping requirements to state and federal agencies and insurance companies to ensure we are practicing, or engaging in, affirmative action.
- Ag Valley Coop reserves the rights to have employees submit to a drug test by a designated laboratory, or by a certified Ag Valley employee, based on cause and/or the occurrence of a workplace accident or incident, should it feel that a test is warranted and necessary. Random drug tests and post job offer tests may be conducted in specific job instances and of the general employee group. Your continued participation from this point forward gives your consent for such a test.
- You will have access to the Employee Handbook at any reasonable time.

By checking off the box next to each of the prior paragraphs, I realize that I am acknowledging my understanding of their content, and agree to abide by the spirit and intent of each paragraph.

Applicant Signature: _____

Date: _____