



EMPLOYMENT APPLICATION

We Are An Equal
Opportunity
Employer

TO ALL APPLICANTS: Please complete this form in detail. The law prohibits discrimination based on age, sex, religion, race, color, national origin and disability. Attach a separate sheet if more space is needed to provide the requested information.

1. PERSONAL INFORMATION

Name: _____ Date: _____

Social Security Number: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Whom may we contact if you cannot be reached? Name: _____

Address: _____ Phone: _____

If related to anyone currently employed by Ottawa Coop- State Name and Location:

Referred by: _____

(Circle answers)

Are you a citizen of the U.S.A. or otherwise lawfully authorized to work in the U.S.? Yes No

Were you subject to the FMCSR's while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Have you ever tested positive for drugs? Yes No

Are you currently on lay-off status and subject to recall? Yes No

May we contact your present employer? Yes No

Have you ever been convicted of a felony? Yes No

2. EMPLOYMENT DESIRED

Position Title Applied For: _____ Date Available: _____

Available to work (Circle all that apply) Full-Time Part-Time Temporary

Are you able to perform job related functions? Yes No

Salary Desired: _____/Per _____

Location Desired: _____ Willing to relocate? Yes No

Have you worked for a Coop Before? Yes No

If yes, where? _____

From Mo./Yr. _____ To Mo./Yr. _____

3. EDUCATION

High School (name & location): _____

Diploma or Equivalency Yes No

For Undergraduate/Graduate/Technical (name of school & location)	Years Completed	Major Subject	Graduated? (Yes or No)	Date Degree Granted	Degree & GPA

Describe any specialized training, apprenticeship, certification and/or skills:

Typing-WPM: _____

Computer Software used: _____

List Professional /Civic Organizations that you are associated with:

4. BUSINESS REFERENCES

Name	Address & Phone	Relationship	Company & Work Number	Yrs. Acquainted

5. FORMER EMPLOYERS

Dates	Name & Address	Supervisor	Salary	Position Title Work Duties	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					

6. APPLICANT'S STATEMENT, ACKNOWLEDGEMENT AND AGREEMENT

You must read the following statement and agreements and by signing your name, you acknowledge that you have read, understand, agree to all statements and agreements.

- (1) I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.
- (2) I authorize investigation of all statements made in this application. I understand and agree that any misrepresentation or omission of fact for any information requested is cause for dismissal regardless of when it is discovered.
- (3) I agree, in the event and in consideration of my employment by The Ottawa Cooperative Association:
 - a. Without recompense or remuneration to assign and transfer to The Ottawa Cooperative Association all inventions, discoveries, ideas and improvements conceived, developed or made by me during my employment by The Ottawa Cooperative Association which are useful in or related to The Ottawa Cooperative Association's present or prospective business to disclose promptly in writing to The Ottawa Cooperative Association all such inventions, person except as required by my employment, without the express consent of The Ottawa Cooperative Association; to execute all papers, including application for patents, and perform all other lawful acts which may deem necessary or advisable, to vest fully in The Ottawa Cooperative Association all rights of ownership in such inventions, discoveries, ideas and improvements.
 - b. To conform to the rules, practices and policies of The Ottawa Cooperative Association and I understand that my employment and compensation with may be terminated with or without notice, at any time at the option of The Ottawa Cooperative Association or myself.
 - c. To keep confidential all information, record, documents, data, designs, drawings, formulas, notes, blueprints, methods, and processes in possession of or in use by The Ottawa Cooperative Association as owner, licensee, or otherwise, which I may obtain or have knowledge of because of my employment by The Ottawa Cooperative Association, and, except as required by employment not to remove from the property of The Ottawa Cooperative Association any of the above items, matters and things relating to or dealing with any business of The Ottawa Cooperative Association, or make copies thereof, of such items, matters and things, whether made by me or by others, being recognized as the property of The Ottawa Cooperative Association, and note to be used for my own or another's benefit or communicated to another either before or after termination of employment with The Ottawa Cooperative Association, without the consent of The Ottawa Cooperative Association.
- (4) I acknowledge that The Ottawa Cooperative Association and/or its agents may investigate any information that it believes is business relevant including. But not limited to, employment history, educational background, criminal records, and driving record. I release any employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information.

I also authorize my former employers, schools and personal references to provide any information that would be relevant to performing the position they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

- (5) I understand that The Ottawa Cooperative Association is committed to a drug-free work place. I agree to participate in pre-employment substance abuse testing, the results of which will be provided to The Ottawa Cooperative Association. Satisfactory test results will be a condition of employment.

The undersigned acknowledges that by signing in the space provided below that he/(she) have read the above statements and agreements and understand and agrees to the same.

Date: _____ Applicant's Signature X _____

7. FOR TRUCK DRIVERS ONLY

Department of Transportation Regulation 391.2 requires you to provide us a record of your addresses for the last three years. If you have not been at your present address for three years, give previous addresses below:

Previous Address: _____

Previous Address: _____

Previous Address: _____

Current Drivers License

State	License Number	Type	Expiration Date

Birth date: _____

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 A or B is yes, attach statement giving details.)

DRIVING EXPERIENCE

Equipment Class	Equipment Type (Van, Tank, Flat, Etc.)	Dates Operated From	Date Operated To	Approx. No. of Miles-(Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards to you hold and from whom?

Accident record for the past 3 years or more (Attach sheet if more space is needed)

Dates	Nature of Accident (Head on, Rear End, Upset, Etc.)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking) (Attach sheet if more space is needed)

Location	Date	Charge	Penalty

DO NOT WRITE BELOW THIS LINE

Interview By	Date	Interviewed By	Date

Remarks: _____

Starting Date: _____ Full-Time Part-Time Temporary

Completed Physical? Yes No

Job Location: _____ Start Rate: _____/Hr, Annual

PRIVACY POLICY

Ottawa Cooperative Association the plan sponsor, agrees to implement workplace procedures for compliance with the listed provisions.

The Corporation will:

- 1) Not use or further disclose the information other than as permitted or required by the plan documents or as required by law;
- 2) Ensure that any agents, including a subcontractor to whom it provides protected health information received from the group health plan agree to the same restrictions and conditions that apply to the plan sponsor with respect to such information;
- 3) Not use or disclose the information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor;
- 4) Report to the group health plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware;
- 5) Make available protected health information in accordance with employee right of access;
- 6) Make available protected health information for amendment and incorporate any amendments to protected health information in accordance with employee right to amend;
- 7) Make available the information required to provide an accounting of disclosures in accordance with applicable requirements;
- 8) Make its internal practices, books, and records relating to the use and disclosure of protected health information received from the group health plan available to the Secretary of Health & Human Services for purposes of determining compliance by the group health plan with the Privacy Rule;
- 9) If feasible, return or destroy all protected health information received from the group health plan that for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
- 10) Ensure that the adequate separation of health plan administration function from other functions as required by Privacy Rule.

Ottawa Cooperative Association further certifies that it agrees to implement workplace procedures to provide for adequate separation between the group health plan and the plan sponsor. As defined in the plan documents and by workplace procedures, Meiners' Companies;

- 1) Has described those employees or classes of employees or other persons under the control of the plan sponsor to be given access to the protected health information to be disclosed, provided that any employee or person who receives protected health information relating to payment under, healthcare operations of, or other matters pertaining to the group plan in the ordinary course of business must be included in such description;
- 2) Has restricted the access to and use by such employees and other persons described in the Privacy Rule to the plan administration functions that the plan sponsor performs for the group health plan; and
- 3) Has provided an effective mechanism for resolving any issues of noncompliance.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment- or take another adverse action against you- must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if.
 - A person has taken adverse action against you because of information in your credit report;
 - You are a victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureaus and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** IF you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need-usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violate the FCRA, you may be able to sue in state or federal court.
- **Identity theft and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many state have their own consumer reporting laws. In some cases, you may have more rights under state laws. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations and credit unions with total assets of \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition, to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center –FCRA Washington, DC 20580 877-382-4357
2. To the extent not included in item 1 above a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Service Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423
5. Credit Subject to the Packers and Stockyards Act, 1921	Nearest packers and stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditors operates or Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 877-382-4357



Disclosure and Release

I hereby authorize The Ottawa Cooperative Association, its subsidiary entities and designated agents, to make whatever inquiries it deems necessary, and to contact consumer reporting agencies (including credit and public record background checks) or other persons, and to secure consumer reports and/or investigative consumer reports in connection with my application for employment. These reports may include the following reports in connection with my application for employment. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents as well as my driving record, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records.

I further authorize the direct any person or consumer reporting agency to participate in and make such inquiries at the request of The Ottawa Cooperative Association, its subsidiary entities and designated agents, and to compile and furnish any information it may have or obtain in response to such inquiries. I understand that I may request The Ottawa Cooperative Association, its entities and designated agents, to completely and accurately disclose to me the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resource Department within a reasonable time after completion of this application. Should employment be denied as a direct result of information contained in a consumer report or investigative consumer report, I will be advised as to the name, address, and telephone number of the consumer reporting agency supplying the report, and I may contact such agency for any further information desired.

I further understand that if I am hired by or its subsidiary entities, at any time during my employment, The Ottawa Cooperative Association or its subsidiary entities may investigate my credit file or obtain other consumer reports and/or investigative consumer reports for purposes of promoting, reassigning or retaining me as an employee.

This authorization and consent shall be valid in original, fax, or copy form.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Print Your Full Name	Social Security Number	Date of Birth
Please Print Your Maiden Name or Other Names You Have Used		
Your Current Home Address	City	State
	Zip Code	
Driver's License Number	Name as it Appears on License	State of Issuance
Applicant's Signature		Today's Date



Motor Vehicle Driver's

CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months, (Section 391.27)

DRIVER REQUIREMENTS: Each Driver shall furnish the list as required by the motor carrier above. If the Driver has not been convicted of or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<u>Date</u>	<u>Offence</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violation(s) are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's License Number _____ State _____ Expire _____

Driver Signature

License Issue Date

Ottawa Cooperative Association, 302 N. Main, Ottawa, KS 66067

Signature of Reviewer

Title

Date



**NOTICE TO DRIVERS &
CERTIFICATE OF COMPLAINE**

1. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combination with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless or weight, transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

TO BE RETAINED BY THE CARRIER

2. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986.

Driver's name (Print) _____ SSN# _____

Driver Address _____

License: State _____ Type/Class _____ I.D. # _____

I further certify that the above commercial vehicle license is the only held or that I have surrendered the following license(s) to the state(s) indicated.

State _____ Type/Class _____ I.D. # _____

State _____ Type/Class _____ I.D. # _____

Driver Signature _____ Date _____