



49 CFR PART 391.21

DOT APPLICATION FOR EMPLOYEMENT

Hutchinson Co-op 1060 5th Ave SE, PO Box 158 Hutchinson MN 55350 587-3079

Name of Applicant (first) (middle) (last)

Address: Street City State & Zip

How long at Address listed above: Date of Birth SSN#

Home Phone: best time to reach you is?

EDUCATION

Table with 5 columns: NAME AND LOCATION, DID YOU GRADUATE?, YEAR COLLEGE, TYPE OF DEGREE, MAJOR SUBJECT. Rows include HIGH SCHOOL, COLLEGE(S), and VOCATIONAL, TRADE OR OTHER SCHOOLS.

REFERENCE

Table for references with columns: LIST THREE REFERENCE WHO ARE NOT RELATIVES OR PREVIOUS SUPERVISORS, MAY WE CONTACT REFERENCE? YES NO. Rows include NAME, PHONE NUMBER, OCCUPATION.

DRIVER LICENSES

Table with 4 columns: STATE, LICENSE OR PERMIT, TYPE OF LICENSE, EXPIRATION DATE.

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)			
LOCATION	DATE	CHARGE	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

**EMPLOYEMENT HISTORY**

COMPANY NAME:	ADDRESS		
TYPE OF BUSINESS			
EMPLOYED AS:	DATE	SALARY	
STARTING			
EMPLOYED AS:	DATE	SALARY	
TERMINATION			
JOB DUTIES:			
REASON FOR LEAVING:			
SUPERVISOR	PHONE NUMBER		
May we contact your supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no			
COMPANY NAME:	ADDRESS		
TYPE OF BUSINESS			
EMPLOYED AS:	DATE	SALARY	
STARTING			
EMPLOYED AS:	DATE	SALARY	
TERMINATION			
JOB DUTIES:			
REASON FOR LEAVING:			
SUPERVISOR	PHONENUMBER		
May we contact your supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no			

**To be read and signed by the applicant.**

This certifies that I completed this application, and that all entries and information in it are true and complete to the best of my knowledge. I also understand this application is required per 49 CFR 391.21

Date of Application \_\_\_\_\_ -Signature of Application \_\_\_\_\_



DRIVERS RELEASE OF MVR

Drivers Name: \_\_\_\_\_

License State: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, Do hereby authorize all applicable State Department of Motor Vehicles to release any and all information pertaining to my driving record to Hutchinson Co-op or its designee. This authorization shall remain in the effect for the duration of my employment with the Hutchinson Co-op.

Please attach a copy of current driver license front and back and copy of health card.