



### APPLICATION FOR EMPLOYMENT

Allied Agronomy, Allied Energy, Allied Grain ("the Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status. This application will remain effective for a period of thirty (30) days or until the position is filled.

PLEASE PRINT

#### PERSONAL INFORMATION

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years old or older?  Yes  No Can you provide proof, if hired, that you are eligible to work in the United States.?  Yes  No

Referred by: \_\_\_\_\_

State the name of any relatives, other than spouse, already employed by this company. \_\_\_\_\_

#### POSITION DESIRED

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Seasonal

Are you available to work:  Days  Evenings  Weekends  Any

Have you previously worked for this company?  Yes  No If so, from \_\_\_\_\_ Date to \_\_\_\_\_ Date

Reason for leaving: \_\_\_\_\_ Former supervisor(s) at this company: \_\_\_\_\_

How did you learn of this opening: \_\_\_\_\_

#### EDUCATION

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studies & Degree (s)
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education, training, or special skills: \_\_\_\_\_

Other certifications or licenses: \_\_\_\_\_

Have you ever been convicted of a crime?\*     Yes     No                      If yes, give details, including date(s):

\*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

**EMPLOYMENT HISTORY**

Please provide information on past employers during the **preceding 10 years**, beginning with the most recent. Include any job-related military service. If you need more room, you may attach another sheet of paper.

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Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street    City    State    Zip Code

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date    Date

Duties:

Supervisor: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Final Hourly Rate/Salary \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer?     Yes     No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?     Yes     No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?                       Yes     No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

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Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Date Date

Duties:

Supervisor: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Final Hourly Rate/Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Date Date

Duties:

Supervisor: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Final Hourly Rate/Salary: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one (1) year.

Name	Address, Phone, Email	Company/How Acquainted	Years Acquainted

## TO BE READ AND SIGNED BY APPLICANT

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other related documents are not contracts of employment; and that any oral or written statements to the contrary are hereby expressly disavowed.

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Applicant's Signature

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Date

# DOT Employment Application Addendum

Applicant Name: \_\_\_\_\_

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## EXPERIENCE AND QUALIFICATIONS - DRIVERS

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)  
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Date	Location	Charge	Penalty
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Date	Location	Charge	Penalty
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Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked:  Yes  No

(If the answer is yes to either of the two previous questions, attach a statement giving the details.)

## ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
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Last Accident: \_\_\_\_\_

Next Previous: \_\_\_\_\_

Next Previous: \_\_\_\_\_

Next Previous: \_\_\_\_\_

Next Previous: \_\_\_\_\_

Next Previous: \_\_\_\_\_

Next Previous: \_\_\_\_\_

## TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date