



**HEARTLAND CO-OP
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

We will not use as a basis for employment decisions any information regarding race, color, sex, religion, national origin, marital status, public assistance or disability.

NAME IN FULL	(FIRST)	(MIDDLE INITIAL)	(LAST)
PRESENT ADDRESS	(STREET)	(CITY)	(STATE) (ZIP CODE)
DO YOU HAVE LEGAL RIGHT TO WORK IN THE USA?		(PHONE NUMBER)	

EMPLOYMENT INTERESTS

TYPE OF WORK DESIRED?	WILL YOU RELOCATE?	DATE AVAILABLE	DO YOU HAVE A CURRENT DRIVERS LICENSE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES, STATE _____ <input type="checkbox"/> NO

EDUCATION

NAME AND LOCATION	TYPE OF DEGREE	MAJOR SUBJECT - GRADE	
HIGH SCHOOL		XXXXXXXX	
		XXXXXXXX	
COLLEGE(S)			
OTHER SCHOOLS ATTENDED			
SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANTSHIPS, ETC.			
LICENSES, CERTIFICATES OR PUBLICATIONS			

HEALTH

Describe any health condition(s) that would prevent you from doing certain kinds of work or interfere with job performance for the applied position. (Employment is contingent upon meeting minimal health requirements established for the position) Reasonable accommodations will be made.

HEARTLAND CO-OP

2829 Westown Parkway
West Des Moines, Iowa 50266

APPLICATION FOR EMPLOYMENT INVOLVING COMMERCIAL MOTOR VEHICLE
(COMPLETE THIS PAGE **ONLY** IF YOU ARE APPLYING FOR A POSITION INVOLVING A CMV)

DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE SUBMITTED
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LIST THE ADDRESSES YOU HAVE RESIDED DURING THE LAST THREE (3) YEARS. (USE BACK IF NEEDED)

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	FROM - TO
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	FROM - TO
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	FROM - TO

LIST ALL UNEXPIRED COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSE(S) OR PERMIT(S) ISSUED TO YOU.

ISSUING STATE	LICENSE NUMBER	EXPIRATION DATE

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING MOTOR VEHICLES. INCLUDE TYPE OF EQUIPMENT (SUCH AS BUSES, TRUCKS, TRUCK TRACTORS, SEMI TRAILERS) OPERATED. (USE BACK IF NEEDED)

TYPE OF EQUIPMENT	WHEN OPERATED	WHERE OPERATED

LIST ALL MOTOR VEHICLE ACCIDENTS YOU WERE INVOLVED IN DURING THE LAST THREE (3) YEARS. INCLUDE DATE, NATURE OF ACCIDENT AND ANY FATALITIES OR PERSONAL INJURIES IT CAUSED. (USE BACK IF NEEDED)

DATE	NATURE OF ACCIDENT	INJURY OR FATALITY

LIST ALL VIOLATIONS INVOLVING MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING VIOLATIONS) YOU WERE CONVICTED OF OR FORFEITED BOND OR COLLATERAL DURING THE LAST THREE (3) YEARS.

DATE	VIOLATION

HAVE YOU EVER HAD YOUR LICENSE, PERMIT OR DRIVING PRIVILEGES DENIED, REVOKED OR SUSPENDED? NO YES (IF YES GIVE FACTS & CIRCUMSTANCES)

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LIST JOBS HELD SUBJECT TO FEDERAL MOTOR VEHICLE CARRIER SAFETY REGULATIONS OR DESIGNATED AS SAFETY SENSITIVE IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40

JOB	FMVCSR	SAFETY SENSITIVE

PLEASE LIST PLACES OF PREVIOUS EMPLOYMENT BEGINNING WITH THE MOST RECENT:
(INCLUDE AT LEAST 10 YEARS HISTORY IF APPLYING FOR A POSITION INVOLVING COMMERCIAL MOTOR VEHICLE)

COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS (STARTING)		DATE	SALARY
EMPLOYED AS (TERMINATION)		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR	TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR? YES NO	

COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS (STARTING)		DATE	SALARY
EMPLOYED AS (TERMINATION)		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR	TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR? YES NO	

COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS (STARTING)		DATE	SALARY
EMPLOYED AS (TERMINATION)		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR	TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR? YES NO	

This certifies this application was completed by me and all entries on it and information in it is true and complete to the best of my knowledge. I understand if I am employed, my employment will be conditional and not for any definite or guaranteed period of time. I realize my signature will be your authorization to research statements I have made on this application. Furthermore, it is understood and agreed any misrepresentation by me in this application could be cause for cancellation of the application and/or for separation from the Company's service if I have been employed. I further agree to wear and maintain such personal protective equipment as may be provided by the company, for instance, hardhat, safety belt, etc. and return same to the company on termination of my employment.

SIGNATURE	DATE
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Heartland Co-op Invitation to Self Identify

Heartland Co-op is an **Equal Opportunity Employer**. Heartland Co-op does not discriminate on the basis of race, religion, color, sex, age, non-disqualifying physical or mental disability, national origin, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Heartland Co-op is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Heartland Co-op invites employees to **voluntarily** self-identify their race or ethnicity. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____

Date: _____

Position Applying For: _____

Check one: **Male** **Female**

Please check ALL that apply:

Race/Ethnic Group:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

I choose not to self-identify

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records!