



202 Broadway St., PO Box 578 Imperial, NE 69033

Application for Employment

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, disability, veteran status, marital status, religion or any condition prescribed by state or local law.

Frenchman Valley Cooperative is an Equal Opportunity Employer.

Section 1: Personal Information

Name (Last, First, MI) _____

Street Address _____

City, State, Zip _____

Have you lived at this address for the past three years? Yes No

If "No" please provide addresses for the past three years.

Street Address _____

City, State, Zip _____

Street Address _____

City, State, Zip _____

Have you ever applied for employment with us? Yes No

If "Yes" Month and Year _____ Location? _____

Not including religious absences, are you available to work full-time? Yes No

If not, what hours can you work? _____

Date _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Pay Expected _____

Position Desired _____

Will you work overtime if asked? Yes No

When can you begin work? _____

How did you hear about FVC? _____

Have you ever been bonded?

Yes No If "Yes" with what employers?

This application does not in any way guarantee applicant an interview or employment

Are you legally eligible for employment in the United States? Yes No

If you are a citizen or national of the U.S. or a lawful Permanent Resident, you ARE ELIGIBLE for employment.

If you are a non-resident alien (not a citizen or national of the U.S. or lawful Permanent Resident), your ELIGIBILITY FOR EMPLOYMENT IS DEPENDENT UPON YOUR STATUS.

Verification of Identity and Work Authorization

Any offer of employment is contingent upon whether your visa or citizenship status allows you to legally perform the job offered to you. In order to confirm your eligibility for employment, you must complete the USCIS Employment Eligibility Verifications (Form I-9), which requires you to attest that you are a citizen or national of the U.S., a lawful Permanent Resident or an alien authorized to work, and to provide documents to verify your identity and employment eligibility. Your status will also be confirmed by the Federal E-Verify system. Both of these processes are required by law.

Have you been convicted of, or pled guilty or no contest (nolo contendere) to (a) a felony, or (b) a misdemeanor; or (c) are you subject to a court order restraining you from contacting, harassing, stalking or threatening another person? Convictions that have been annulled, expunged, or sealed by a court do not need to be listed. Yes No

If you answered "Yes", please describe the circumstances of the conviction, plea or event. _____

The existence of a conviction or restraining order identified above is not considered an automatic bar to employment. Frenchman Valley Cooperative will determine if the information is relevant to the position sought depending on the totality of the circumstances.

Section 2: Education

Please list name and location of the last school you attended _____

Graduate College Business/Trade/Technical High School Elementary School

Course of study? _____ Years Completed? _____

Did you graduate? Yes No Type: Degree or Diploma? _____

Please state any special courses that are particularly relevant to the position you are seeking. _____

Please list all other special training or skills (languages, machine operation, etc.) _____

Military

Have you served in the U.S. Armed Forces? Yes No

If "Yes" what Branch did you serve in and what was your Characterization of Military Discharge? _____

The existence of a dishonorable, bad conduct or a discharge under other than honorable conditions is not considered an automatic bar to employment. Frenchman Valley Cooperative will determine if the information is relevant to the position sought depending on the totality of the circumstances.

Describe any training received relevant to the position for which you are applying. _____

Section 3: Previous Employment

Please give a COMPLETE and accurate description of all full-time and part-time employment. All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary). Please write legibly.

Company Name Telephone

Address Dates of Employment

Supervisor

Description of Duties

Reason for Leaving

Were you subject to the FMCSRs¹ 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

Company Name Telephone

Address Dates of Employment

Supervisor

Description of Duties

Reason for Leaving

Were you subject to the FMCSRs¹ 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

Company Name Telephone

Address Dates of Employment

Supervisor

Description of Duties

Reason for Leaving

Were you subject to the FMCSRs¹ 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

Company Name	Telephone
Address	Dates of Employment
Supervisor	
Description of Duties	

Reason for Leaving
 Were you subject to the FMCSRs[†] 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

**Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.*
[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Membership in professional and civic organizations, special accomplishments, awards, etc.
 (Exclude those which may disclose your race, color, religion, age, marital status, disability or national origin.)

This section needs to be filled out by any person seeking employment that will require driving of any type (pickups, machinery, trucks, etc.)
 Please attach an additional sheet if necessary on any part. If you are not applying for a position that will require driving, please skip this section.

Experience and Qualifications - Driver

List all driver licenses or permits held in the past 3 years.

Drivers Licenses	State	License Number	Type	Expiration Date

Driving Experience	Class of Equipment	Type of Equipment (van, tank, flat, etc.)	From	Dates	To	Approx. # of Total Miles
	Straight Truck					
	Tractor & Semi-Trailer					
	Tractor-Two Trailers					
	Other					

Accident record for the past three years or more (attach a sheet if more space is needed) if none, write NONE.

Accident History	Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
	Last Accident			
	Next Previous			
	Next Previous			

Traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write NONE.

Traffic Convictions and Violations	Locations	Date	Charge	Penalty

IF THE ANSWER TO EITHER OF THESE QUESTIONS IS YES, ATTACH A STATEMENT GIVING DETAILS.

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

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

Pre-Employment Urinalysis Consent. I understand as a condition of employment with Frenchman Valley Coop I must submit to a controlled substance test. A urine sample will be collected and tested for controlled substances. I also understand that if I test positive for use of controlled substances, I will not be considered for employment with Frenchman Valley Coop.

I fully understand and accept all terms and conditions in the above statement.

Signature

Date

FOR EMPLOYER'S USE ONLY

Multiple horizontal lines for writing interview comments.

Interviewer Name

Interview Date

BACKGROUND CHECK DISCLOSURE

In connection with your application for employment, Frenchman Valley Coop (FVC) may obtain one or more reports regarding your consumer credit, criminal records, driving record, education, prior employment, workers compensation claims and other public record information from a consumer reporting agency. If FVC uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, FVC will provide you with a copy of the report upon which the decision is based along with a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based on a background report, FVC will notify you that the action has been taken and that the background report is the reason for the action.

We cannot obtain such background reports regarding you unless you consent in writing. If you agree to allow us to obtain background reports concerning you, please provide the information requested below and sign this page.

For identification and research purposes only:

Name _____
Last First Middle

Address _____
Street City State Zip

Other or former name(s): _____

Driver's License State _____ License # _____

Date of birth: month _____ day _____ year _____ Gender: _____

Professional License: State _____ Type: _____ Number: _____

I have read this disclosure as provided by Frenchman Valley Coop and I understand that if I sign this consent form, Frenchman Valley Coop may obtain reports of my background history.

I hereby authorized Frenchman Valley Coop and its employees, agents and affiliates to obtain reports of my background history as described above.

Applicant signature

Date

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

Fair Credit Reporting Act Disclosure

This disclosure serves to notify you that in connection with your application for employment, Frenchman Valley Coop, for employment purposes may obtain one or more consumer reports from a Consumer Reporting Agency.

This disclosure is required under the Fair Credit Reporting Act.

Please sign below indicating that you have received a copy of this disclosure.

_____ (Print Name and Date)

_____ (Signature)

Applicant for Employment

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**



202 Broadway
P.O. Box 578
Imperial, NE 69033
(800) 538-2667

Your Premier Service Provider

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit **Frenchman Valley Coop** to obtain a consumer report and/ or an investigative consumer report which may include the following: my employment records, driving history records, criminal history, credit history, civil record, worker’s compensation (post-offer only), drug testing, verification of my academic and/ or professional credentials, and information and/or copies of documents from any military service records. I understand that an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as iiX from liability that might otherwise result from the request for use of and/ or disclosure of any or all of the foregoing information. I understand and acknowledge that under provision of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I understand a copy of this report may be obtained from iiX located at 3011 Earl Rudder Fwy S, College Station, TX 77845-6021. Their telephone number is (866) 560-7015 and fax number is (201) 748-1449. I hereby authorize iiX to obtain and prepare a consumer report as set forth above, as part of its investigation of my employment application on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant Full Name *(Please Print Clearly)*

Signature

Date

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices

