



# Summer Internship Application

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.

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

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 Internship

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 FMCSRs<sup>†</sup> 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<sup>†</sup> 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<sup>†</sup> 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<sup>†</sup> 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.*  
<sup>†</sup>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.)

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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.

State	License Number	Type	Expiration Date

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.

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.

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

Interviewer Name

Interview Date