



Anderson Hay and Grain

Employment Application – Driver

(Driver Only – If you are applying for another position, do not use this form)

A Drug-Free Workplace An Equal Opportunity Employer

Note: This form must be completely filled out – Do not leave any blanks.
Partial applications will not be considered. If not applicable write "N/A". If any answer is "no" write "no or none".

Personal Information

Date _____

Name _____
Last First MI

*Current Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone # _____ Other Phone # _____

Date of Birth _____ (Required for truck drivers) Social Security number _____ - _____ - _____

Are you either a U.S citizen or an alien authorized to work in the United States? Yes No

IN CASE OF EMERGENCY NOTIFY _____ Phone # _____

Street City State Zip

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

Have you ever tested positive on a Pre-Employment Drug screen for an employer that you *did not* go to work for? _____ If yes, give date and name of employer _____

*If at above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip

Street City State Zip

Street City State Zip

Employment Desired

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____

Date you can start _____ Referred by _____

Are you willing to work the evening or night shift? Yes No Rate of Pay Expected _____

Are you employed now? Yes No If yes, may we contact your employer? Yes No

Have you worked for Anderson Hay & Grain before under the above or another name? Yes No

If yes, when? _____ Where? _____ Name employed under _____

Reason for leaving _____

Names / positions of Relatives employed by this company _____

Are you responding to an employee vacancy advertisement? Yes No

How did you become aware of the vacancy? _____

Education

	Name and Address of School	Did you graduate?	Subjects Studies
Primary School			
High School			
College/University			
Other Education			

Please list any experience, knowledge, skills, and/or abilities that you have that could relate to the position you are applying for _____

Employment History

Please list your last three employers in the sections below starting with the most recent

Note: DOT requires that you show all commercial driving experience for the past 10 years, and all other employment for the past 3 years.

1. Name of Employer _____ Phone # (____) _____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Position held _____

Dates of Employment From _____ To _____ Reason for Leaving _____

Type of Equipment operated Type of equipment (combination) _____

Gross Weight _____ Type of Transmission _____

Type of Engine _____ # of miles _____

Safe Driving of Worker awards _____

2. Name of Employer _____ Phone # (____) _____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Position held _____

Dates of Employment From _____ To _____ Reason for Leaving _____

Type of Equipment operated Type of equipment (combination) _____

Gross Weight _____ Type of Transmission _____

Type of Engine _____ # of miles _____

Safe Driving of Worker awards _____

3. Name of Employer _____ Phone # (____) _____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Position held _____

Dates of Employment From _____ To _____ Reason for Leaving _____

Type of Equipment operated Type of equipment (combination) _____

Gross Weight _____ Type of Transmission _____

Type of Engine _____ # of miles _____

Safe Driving of Worker awards _____

4. Name of Employer _____ Phone # (____) _____
 Address _____ City _____ State _____ Zip _____
 Name of Supervisor _____ Position held _____
 Dates of Employment From _____ To _____ Reason for Leaving _____

Type of Equipment operated Type of equipment (combination) _____
 Gross Weight _____ Type of Transmission _____
 Type of Engine _____ # of miles _____
 Safe Driving of Worker awards _____

5. Name of Employer _____ Phone # (____) _____
 Address _____ City _____ State _____ Zip _____
 Name of Supervisor _____ Position held _____
 Dates of Employment From _____ To _____ Reason for Leaving _____

Type of Equipment operated Type of equipment (combination) _____
 Gross Weight _____ Type of Transmission _____
 Type of Engine _____ # of miles _____
 Safe Driving of Worker awards _____

Which of these jobs did you like best? _____

What did you like most about this job? _____

Driver Experience and Qualification

Class of Equipment	Type of Equipment	Dates: To – From	Approximate Total Miles
Straight Truck			
Tractor and Semi-Trailer			
Doubles			
Other			

Licenses

Drivers Licenses held in the past three years must be shown	State	License No.	Type	Expiration Date

Traffic convictions and forfeitures for the past three years other than parking violations

Location	Date	Charge	Penalty

Do you have a TWIC Card? Yes No

Have you ever been convicted of driving under the influence of alcohol or any substance? If yes, give date and details _____

Have you ever been convicted of careless driving, reckless driving or reckless endangerment involving a motor vehicle? If yes, give date and details _____

Have you ever been denied a license or permit to operate a motor vehicle? If yes, give date and detail _____

Have you ever been disqualified from driving a commercial motor vehicle for violations of Federal Motor Carrier Safety Regulations or state or local regulations? If yes, give date and details _____

List any special courses or training that will help you as a driver and where that training was received _____

References (Give the names of three people, not related to you, whom you have know at least one year)

Name	Address & Phone	Business	Years Acquainted

Accident Review for the Past Three Years

(Attach a separate sheet of paper if more space is needed)

Last Accident

Date _____ Location _____ Type of Equip. Driven _____

Nature of accident (Head-on, Rear-end, Upset, etc) _____

Explain what happened _____

Were there injuries? No Yes Fatalities? No Yes Property Damage? No Yes \$ _____

Next Previous Accident

Date _____ Location _____ Type of Equip. Driven _____

Nature of accident (Head-on, Rear-end, Upset, etc) _____

Explain what happened _____

Were there injuries? No Yes Fatalities? No Yes Property Damage? No Yes \$ _____

Next Previous Accident

Date _____ Location _____ Type of Equip. Driven _____

Nature of accident (Head-on, Rear-end, Upset, etc) _____

Explain what happened _____

Were there injuries? No Yes Fatalities? No Yes Property Damage? No Yes \$ _____

Next Previous Accident

Date _____ Location _____ Type of Equip. Driven _____

Nature of accident (Head-on, Rear-end, Upset, etc) _____

Explain what happened _____

Were there injuries? No Yes Fatalities? No Yes Property Damage? No Yes \$ _____

Date of Last DOT physical _____ **Where Taken** _____ **Doctor's Name** _____

Notice to all applicants

Read and sign BEFORE submitting this application

Until all background information and driver qualification requirements have been verified by the company or its agents, any offer of employment made is **conditional**. This means that an offer of employment may be withdrawn if the applicant does not meet company or government qualification requirements. Areas that will be verified include but are not limited to:

- Past Employment Verification
- Duration of Past Commercial Driving Experience
- Type of Equipment Driven
- Company Qualification Requirements
- DOT Qualification Requirements
- DOT Physical Qualification Requirements
- Driver Record Check (9MVR)
- Drug and Alcohol Results

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the FMCSR and for other purposes.

Applicant's Statement

I understand that Anderson Hay and Grain follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Executive Officer of Anderson Hay & Grain Co., Inc. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand this application will be active for a period of one year; after that time; if I wish to be considered for employment, I must submit a new application. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that any job offer made by Anderson Hay and Grain will be made pending a successful drug test.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____



**Background Screeners of America · 18344 Oxnard St. Suite 101
 Tarzana, CA 91356 · 866-570-4949 · FAX 866-570-5656 · info@wescreenusa.com**

**DISCLOSURE AND RELEASE FORM (Databased Records)
 15 U.S.C. §1681b and 1681k**

In connection with my application for employment (including contract for services or volunteer services) or tenancy with Anderson Hay & Grain, at 910 S Anderson Rd Ellensburg WA, I understand that an investigative background inquiry is to be made on myself. The resulting reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, education, accidents, licensure, credit, etc. I further understand that such reports may contain current and/or databased public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other commercial agencies which maintain such records. Public records will include records obtained from commercial databases.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency, **Background Screeners of America**: upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency; and I agree that such information which the agency has or obtains, and my employment or tenant history with you, may be supplied by you to the agency for release to other companies which subscribe to the agency's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

NAME: First		Middle	Last
Social Security #		Date of Birth	
Email			
Current Address:		Previous Address:	
Street 1 Apt or Unit # City ST Zip		Street 1 Apt or Unit # City ST Zip	
<u>Drivers Lic. #</u>		<u>State Issuing</u>	
Alias or Maiden Names Used:			
Professional License Type:			
State Issuing License:		Lic. Number:	

X

 APPLICANT SIGNATURE

DATE:

Employer Copy

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

Applicant Copy

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>