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 Union City, IN 47390
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 Jefferson, IA 50129
 P: 515.386.8213
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APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected class.

PERSONAL INFORMATION

Date: _____ Home Phone: (_____) _____ E-Mail Address: _____

Complete Name: _____

Present Address: _____

May we contact you at work? Yes No If yes, please specify work number: (_____) _____

Are you at least 18 years of age*? Yes No Can you provide proof of age? Yes No
*(If not, you will be required to obtain a work permit upon employment)

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Are you currently employed? Yes No

Why are you seeking new employment?

Did you sign a non-compete agreement at any of your previous employer(s)? Yes No
(If yes, please provide a copy of the non-compete(s) with you application.)

Have you completed an Applegate Application before? Yes No If yes, when? _____

Have you ever been employed by Applegate? Yes No If yes, when? _____ In what position? _____

Are you able and willing to perform the essential functions of the job for which you are applying? Yes No

If no, indicate reason / explain needed accommodation _____

POSITION / JOB INTEREST

Position(s) applied for: _____ Location Preference: Union City, IN Jefferson, IA

Status preferred: Full-time OR Part-time and Regular OR Temporary

Any hours/days that you are unable/unwilling to work? _____

Date available to begin employment: _____ Rate of Pay Desired: _____

EMPLOYMENT HISTORY: Please provide your last four (4) employers, starting with most current. Attach additional sheet(s) if necessary. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.
Please complete this section in full, as a resume will not suffice for employment verification.

1

Employer: _____ Telephone Number _____ From: _____ / _____ / _____ To: _____ / _____ / _____
 Address: _____ City, State, Zip: _____ Supervisor's Name: _____
 Your Job Title: _____ Starting Salary: \$ _____
 May We Contact This Employer? Yes No Ending Salary: \$ _____
 Primary Responsibilities: _____
 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
 Reason for leaving or considering it: Quit Discharged Retired Laid off Please explain why? _____

2

Employer: _____ Telephone Number _____ From: _____ / _____ / _____ To: _____ / _____ / _____
 Address: _____ City, State, Zip: _____ Supervisor's Name: _____
 Your Job Title: _____ Starting Salary: \$ _____
 May We Contact This Employer? Yes No Ending Salary: \$ _____
 Primary Responsibilities: _____
 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
 Reason for leaving or considering it: Quit Discharged Retired Laid off Please explain why? _____

3

Employer: _____ Telephone Number _____ From: _____ / _____ / _____ To: _____ / _____ / _____
 Address: _____ City, State, Zip: _____ Supervisor's Name: _____
 Your Job Title: _____ Starting Salary: \$ _____
 May We Contact This Employer? Yes No Ending Salary: \$ _____
 Primary Responsibilities: _____
 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
 Reason for leaving or considering it: Quit Discharged Retired Laid off Please explain why? _____

4

Employer: _____ Telephone Number _____ From: _____ / _____ / _____ To: _____ / _____ / _____
 Address: _____ City, State, Zip: _____ Supervisor's Name: _____
 Your Job Title: _____ Starting Salary: \$ _____
 May We Contact This Employer? Yes No Ending Salary: \$ _____
 Primary Responsibilities: _____
 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
 Reason for leaving or considering it: Quit Discharged Retired Laid off Please explain why? _____

*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 quantity requiring placarding. **Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

To Be Read and Signed By Applicant

I HEREBY CERTIFY that the answers given by me on this application are true and correct. I hereby authorize the employers, schools, and persons named in this application to give any information requested regarding my employability, character, and qualifications and release them from all liability for any damages for issuing this information. It is understood and agreed that any misrepresentation, false statements or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the company. I also understand that including extraneous information not requested on this application will be sufficient reason for its rejection.

I have read, understand and agree to the above statement. (Please initial here). _____

I further understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time and that this company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this company.

I have read, understand and agree to the above statement. (Please initial here). _____

I understand that this application will remain on file for 90 days for consideration. After 90 days, if I am still interested in a position with this company, it will be necessary for me to complete a new application form.

I have read, understand and agree to the above statement. (Please initial here). _____

I understand that if hired, I will be required to take a drug and alcohol-screening test to determine compliance with this company's drug and alcohol policy. I understand that this company is committed to maintaining a safe, healthy, and efficient working environment for its employees and customers by creating a drug-free and crime-free workplace. I am aware that the company may require my signature on a confidentiality and/or non-compete agreement as part of the hiring process. In addition, I am aware that the company may complete a criminal and traffic background check and/or credit check.

I have read, understand and agree to the above statement. (Please initial here). _____

I have completely and accurately provided information for all areas of this application. I understand that my failure to do so will disqualify me from consideration.

I have read, understand and agree to the above statement. (Please initial here). _____

For DRIVER Applicants Only:

I authorize you to make investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

I have read, understand and agree to the above statement. (Please initial here). _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

Applegate Livestock Equipment is a drug-free workplace.

Thank you for your interest in employment with us.

appगतelivestock.com

