

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?     YES     NO

Only U.S. citizens or those individuals who have legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?     YES     NO

Will you work overtime or shift work?     YES     NO

PHYSICAL HEALTH
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The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicants pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: \_\_\_\_\_ Can you provide a copy?     YES     NO

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a limb (i.e. foot, leg, hand or arm)?     YES     NO

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT
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Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?     YES     NO

PREVIOUS THREE YEARS RESIDENCY					
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<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
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No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
<i>Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/></i>				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
<i>Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/></i>			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, explain  YES  NO

Has any license, permit, or privilege ever been suspended or revoked? If yes, explain  YES  NO

EMPLOYMENT HISTORY
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The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER
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Employment Application

**Fehringer Feeds**  
 PO Box 301, Dalton, NE 69131 ▪ (308) 254-3330  
 fehingerfeeds@gmail.com

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?     YES     NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?     YES     NO

SECOND (MOST RECENT) EMPLOYER			
NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?     YES     NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?     YES     NO

THIRD (MOST RECENT) EMPLOYER			
NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?     YES     NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?     YES     NO

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE	DETAILS
				E Y    N	
High School				<input type="checkbox"/> <input type="checkbox"/>	
College				<input type="checkbox"/> <input type="checkbox"/>	
Other				<input type="checkbox"/> <input type="checkbox"/>	

**OTHER QUALIFICATIONS**

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information, certifications, and trainings necessary to describe your full qualifications for the specific position for which you are applying.

Name of Emergency Contact and Phone Number:	
What is your means of transportation to work?	

**REFERENCES**

List two persons familiar with your work record and/or abilities. Do not list relatives.

Name	Address	Phone Number	Years Known

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

IMPORTANT DISCLOSURE

REGARDING FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)  
DRUG AND ALCOHOL CLEARINGHOUSE QUERIES

In connection with your application for employment with Fehringer Feeds (“Prospective Employer”), Prospective Employer is required to obtain a pre-employment full query to ensure the prospective employee is eligible to perform safety-sensitive functions from the Federal Motor Carrier Safety Administrator (FMCSA) Drug & Alcohol Clearinghouse.

Neither the Prospective Employer nor the FMCSA contractor supplying the Drug & Alcohol Clearinghouse information has the capability to correct any drug and alcohol data that appears to be incorrect. You, in your registered account, may petition to correct inaccurately reported information as established in the final rule and per 49 CFR part10. You may also request the removal of an employer’s report of actual knowledge of a driver’s traffic citation for operating a Commercial Motor Vehicle (CMV) under the influence of drugs or alcohol to be removed from the Clearinghouse if the citation did not result in a conviction. You may also request the other reports of actual knowledge violations, as well as “failure to appear” test refusals, to be removed from the Clearinghouse if they were not reported in accordance with §382.705(b)(5).

The Prospective Employer cannot obtain clearinghouse information without your electronic authorization.

FULL QUERY AND CONSENT

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE

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

I understand that Fehringer Feeds (“Prospective Employer”) is required to conduct a full query of the FMCSA Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I also understand that I will need to sign-in to my account with the Clearinghouse to provide specific consent to this prospective employer to obtain my report. I also understand, FMCSA will not disclose this information to the prospective employer without first obtaining additional electronic consent from me.

MORE INFORMATION/REGISTRATION visit <https://clearinghouse.fmcsa.dot.gov> contact: [clearinghouse@dot.gov](mailto:clearinghouse@dot.gov)

I further understand that if I refuse to provide consent for Fehringer Feeds to receive a full query of the Clearinghouse, Fehringer Feeds must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Please Print \_\_\_\_\_

NOTICE: Applicant’s electronic consent will be required by the Clearinghouse prior to the release of the full query report to the Prospective Employer.

NOTICE: Applicant will be required to sign the previous employer release form, which is included in the back portion of this application. This signed form allows Fehringer Feeds to obtain drug and alcohol test information from all previous employers within the preceding three years.