



PO Box 80 – Beaman, IA 50609
Office: 641-366-3236

Mid-Iowa Cooperative is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status

APPLICANT INFORMATION

NAME	SOCIAL SECURITY NUMBER
ADDRESS/CITY/STATE/ZIP	
PHONE	DATE OF BIRTH
HOURS AVAILABLE	E-MAIL ADDRESS
PREVIOUS ADDRESS (LAST 3 YEARS)	

EDUCATION

NAME/LOCATION HIGH SCHOOL	HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12 GED	LIST SUBJECTS STUDIED & DEGREES (MAJOR/MINORS)
NAME/LOCATION COLLEGE/TRADE SCHOOL	YEARS COMPLETED 1 2 3 4 5 6	
ANY ADDITIONAL TRAINING		

POSITION SOUGHT: _____ FULL TIME: _____ PART TIME: _____

DATE AVAILABLE: _____ SALARY DESIRED: _____

EMPLOYMENT HISTORY

COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES
COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES
COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
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COMPANY NAME OR MILITARY BRANCH	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS	REASON FOR LEAVING			JOB DUTIES

MAY WE CONTACT YOUR PRESENT EMPLOYER? ____ YES ____ NO

FORMER EMPLOYERS? ____ YES ____ NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? ____ YES ____ NO

HAVE YOU EVER BEEN CHARGED WITH A CRIME OF ANY KIND? ____ YES ____ NO

IF YES PLEASE EXPLAIN: _____

Special Skills

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain: _____

Computer skills (please describe): _____

References

NAME	ADDRESS, PHONE, EMAIL	COMPANY	YEARS ACQUAINTED

I understand and agree that neither the completion of this application nor any part of my consideration for employment establishes any obligation for Mid-Iowa Cooperative to hire me. Employment with Mid Iowa Cooperative is contingent upon the completion of a satisfactory background check, passing a drug test and a satisfactory reference check. If I am hired, I understand that either Mid-Iowa Cooperative or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Mid-Iowa Cooperative has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Mid-Iowa Cooperative true and complete information on this application. No requested information has been concealed. I authorize Mid-Iowa Cooperative to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I have read and understand the above.

Date

Signature

Driver's license and driving record information must be completely filled out.

EXPERIENCE AND DRIVER QUALIFICATIONS

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, FLAT, etc.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		TO	FROM	
TRACTOR/SEMI TRAILER				
TRACTOR/TWO TRAILERS				
STRAIGHT TRUCK				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attached sheet if more space is needed)

DATES	NATURE OF ACCIDENT (head on, rear end, etc)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking)

LOCATION	DATE	CHARGE	PENALTY

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

Have you failed or refused pre-employment tests taken with the past two years for DOT covered, safety-sensitive positions? _____ Yes _____ No

If YES to any of the above, please explain: _____

TO BE READ AND SIGNED BY APPLICANT

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.

Date

Applicant Signature



Mid-Iowa Cooperative would like to track the effectiveness of our advertising for our job openings and we would appreciate it if you would let us know how you found out about our company.

Please check the appropriate response below:

_____ Newspaper

Which Newspaper: _____

_____ Online Advertisement

Which Web Site: _____

_____ Iowa Work Force Development Center

_____ Referral from current or former Mid-Iowa Cooperative employee

Name of current or former employee: _____

_____ Other

Please Specify: _____

Have you ever worked for Mid-Iowa Cooperative before? ____ Yes ____ No

If Yes, explain: _____

Do you know anyone who currently works for Mid-Iowa Cooperative? ____ Yes ____ No

If Yes, who? _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED

Mid Iowa Cooperative
PO Box 80 – Beaman, IA 50609
Office: 641-366-3236

MVR RELEASE CONSENT FORM

In conjunction with my potential employment at Mid-Iowa Cooperative, I
_____ (applicant) consent to the release of my
Motor Vehicle Records (MVR) to the company.

I understand that Mid-Iowa Cooperative will use these records to evaluate my
suitability to fulfill driving duties that may be related to the position for which I am
applying. I also consent to the review and evaluation of my MVR during the hiring
process and the term of my employment.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.,
“Federal Drivers Privacy Protection Act”, and is intended to constitute “written consent”
as required by this Act.

Signature (applicant): _____

Date: _____

Driver's License Number: _____

State Issued: _____



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Mid Iowa Cooperative
PO Box 80
101 Main Street
Beaman, IA
50609
(641) 366-3236
Phone: _____
Fax: (641) 366-3867

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
 	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- ☐ No Iowa Criminal History Record found with DCI
- ☐ Iowa Criminal History Record attached, DCI # _____

DCI initials _____