

CROELL, INC. EMPLOYMENT APPLICATION

Please submit this completed form to recruiting@croell.com or to the address or fax number listed below.

Croell, Inc. | 2010 Kenwood Ave | P.O. Box 430 | New Hampton, IA 50659 | Ph) 641-229-8198 | Fax) 641-394-2213

1. APPLICANT INFORMATION – Please print all information on this form clearly to prevent potential errors.				
First Name	Address	Email Address		Social Security Number
Middle Name	City, State Zip	Desired Pay Rate/Salary	Application Date	Available Start Date
Last Name	Phone Number	Job Location		Position Applying For
<i>In compliance with federal and state Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, age, sexual orientation, gender, identity, marital status, veteran status, non-job related disability, status with regard to public assistance, familial status, membership or activity in a local commission or any other protected group status required by federal, state or local government.</i>				
2. APPLICANT QUESTIONNAIRE – Please answer all questions below including providing any additional information.				
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever worked for Croell, Inc. or subsidiaries before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when and where?
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, do you have reliable transportation to/from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do any friends, relatives or acquaintances work for Croell, Inc. or subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 18?*		If hired, are you willing to submit to and pass a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Branch of Service <input type="checkbox"/> None <input type="checkbox"/> _____		Present Military Affiliation <input type="checkbox"/> None <input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive)		Military Dates of Service From: _____ To: _____
Type of training and duty in service				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?*** <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed: <i>*If under age of 18, subject to verification of minimum age.</i> <i>**Croell, Inc. and subsidiaries comply with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that an applicant may be tested on skill and agility and may be subject to a post-offer pre-hire screening process.</i>				
3. EDUCATIONAL HISTORY – Please provide educational history information.				
Highest level of education completed <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other				
High School	Technical/Trade School	College	Certifications	Other
Name of School	Name of School	Name of School	Name of School	Name of School
Location of School	Location of School	Location of School	Location of School	Location of School
Major	Major	Major	Major	Major
Degree Received	Degree Received	Degree Received	Degree Received	Degree Received
4. EMPLOYMENT HISTORY – Please provide employment history information for the last 7 years or last 10 years for DOT positions.				
Current or Last Employer				
Name	Address	City, State Zip	Phone Number	Position Held
Dates of Employment From: _____ To: _____	Supervisors Name	Supervisor Phone Number	Reason for Leaving	
Account for period between jobs (include dates and reason)				
DOT Applicants Only	Were you subject to the Federal Motor Carrier Safety Regulations while employed?*	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 40.25?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer				
Name	Address	City, State Zip	Phone Number	Position Held
Dates of Employment From: _____ To: _____	Supervisors Name	Supervisor Phone Number	Reason for Leaving	
Account for period between jobs (include dates and reason)				
DOT Applicants Only	Were you subject to the Federal Motor Carrier Safety Regulations while employed?*	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 40.25?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CROELL, INC. EMPLOYMENT APPLICATION *(continued)*

Previous Employer				
Name	Address	City, State Zip	Phone Number	Position Held
Dates of Employment From: _____ To: _____	Supervisors Name	Supervisor Phone Number	Reason for Leaving	

Account for period between jobs (include dates and reason)

DOT Applicants Only	Were you subject to the Federal Motor Carrier Safety Regulations while employed?*	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 40.25?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when on 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. Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity regarding placarding.*

5. EXPERIENCE AND QUALIFICATIONS – List experience or qualifications that you feel are applicable to the job you are applying for.

6. REFERENCE INFORMATION – Please list at least three individuals that you have known for at least one year and are not related to.

Name	Name	Name
Address	Address	Address
Phone Number	Phone Number	Phone Number
Relationship	Relationship	Relationship
Occupation	Occupation	Occupation

7. EMERGENCY CONTACT INFORMATION – Please provide information for two persons to contact in case of an emergency.

Name	Address	Phone Number	Relationship
Name	Address	Phone Number	Relationship

8. APPLICANT AUTHORIZATIONS

Background Check Authorization

Croell, Inc. may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your application for employment. This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and throughout your employment as necessary. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If information is obtained bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, such credit information will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated. You may request more information about the nature and scope of any investigative consumer reports by contacting Croell, Inc. HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports. HireRight, Inc. can be contacted by mail at 5151 California, Irvine, CA 92617 or by phone at (800) 400-2761. HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to Croell, Inc. and its designated representatives and agents, for the purpose of assisting in making a determination as to my eligibility for employment. I understand that if hired, my consent will apply, and Croell, Inc. may obtain background reports as necessary throughout my employment. I hereby authorize law enforcement agencies, learning institutions (including public/private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

Employment Authorizations

I authorize Croell, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in making 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. Inquiries will be made only after a conditional offer of employment has been extended.

I understand that: this is only an application for employment and no promises regarding employment have been made and that nothing herein shall be construed as an offer of employment; no representative of Croell, Inc. has the authority to guarantee employment for a specific time period; if I am offered a position, Croell, Inc. or I can end employment at any time, with or without cause or notice; in the event that I am employed and my employment ends, I authorize Croell, Inc. to withhold from my earnings any amounts that are owed for expenditures and/or advances made on my behalf; if employed, I am required to abide by all rules and regulations of the Company and that false or misleading information given on my application or during interview(s), or omission of information requested may result in discharge.

By my signature below, I also certify the information I provided on and in connection with this application is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant Full Name - Please print clearly	Applicant Signature	Application Date
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EEO DEMOGRAPHIC INFORMATION - APPLICANTS

Please submit this completed form to recruiting@croell.com or to the address or fax number listed below.

Croell, Inc. | 2010 Kenwood Ave | P.O. Box 430 | New Hampton, IA 50659 | Ph) 641-229-8130 | Fax) 641-394-2213

1. APPLICANT INFORMATION – Please print all information on this form clearly to prevent potential errors.

First Name	Middle Name	Last Name	Position Applying For
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***YOUR PRIVACY IS PROTECTED:** This information is used to determine if our recruitment efforts are reaching all segments of the population, consistent with the Federal equal employment opportunity laws. Your voluntary responses are treated in a highly confidential manner. Croell, Inc. is required by state and federal law to furnish statistical data for individuals applying for jobs with us. No information taken from this form is used in our hiring decisions. This vital information is not available from any other resource and we can only get it directly from you. Thank you for helping us to provide equal employment opportunities as well as meet our EEOC reporting requirements.*

2. DEMOGRAPHIC INFORMATION – Please complete each section below.

RECRUITMENT SOURCE – Please choose one of the options below.

<input type="checkbox"/> Agency Internet Site Recruitment	<input type="checkbox"/> State Employment Office
<input type="checkbox"/> Private Employment Website	<input type="checkbox"/> Federal, State or Local Job Center
<input type="checkbox"/> Other Internet Site	<input type="checkbox"/> School or college counselor or other official
<input type="checkbox"/> Poster	<input type="checkbox"/> Job Fair – <i>Provide Fair Location:</i>
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend or Relative working for Employer
<input type="checkbox"/> Student Association	<input type="checkbox"/> Agency Human Resource Department (board or announcement)
<input type="checkbox"/> Private Employment Office	<input type="checkbox"/> Other – <i>Provide Source:</i>

GENDER – Please choose one of the options below.

Male Female

ETHNICITY/RACE – Please choose one of the options below.

Hispanic or Latino – person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Two or more races – person of two or more of the other listed ethnicities/races.

American Indian or Alaska Native – a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal or community affiliation.

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

Black or African American – a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White/Caucasian – person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Veteran Status – Please choose one of the options below.

Disabled Veterans Armed Forces Service Medal Veteran Other Veterans (served active duty) Recently Separated Veterans (within 36 months)

CROELL, INC. DRIVER EMPLOYMENT APPLICATION

Please complete this form if applying a DOT position. Submit with completed Employment Application.

1. RESIDENCY INFORMATION – Please list residency information for previous 3 years.

Address	City, State Zip	# of Years	Address	City, State Zip	# of Years	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State Zip	# of Years	Address	City, State Zip	# of Years	Name of bonding company:

2. LICENSE INFORMATION – Please provide driver’s license information and answer all questions.

Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	License Type
Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	License Number
List any state operated in within the last 5 years	List any courses or training that will assist you as a driver
Issue State	
List any Safe Driving Awards you have received and from whom	Expiration Date

3. DRIVING EXPERIENCE – Please answer all questions below including providing any additional information.

I have no prior driving experience.

Straight Truck	Tractor – Semi Trailer	Tractor – Two Trailers	Tractor – Three Trailers	Motor Coach – School Bus >8 pass	Motor Coach – School Bus >15 pass	Other
<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat
Dates _____ To _____	Dates _____ To _____	Dates _____ To _____	Dates _____ To _____	Dates _____ To _____	Dates _____ To _____	Dates _____ To _____
Number of Miles	Number of Miles	Number of Miles	Number of Miles	Number of Miles	Number of Miles	Number of Miles

List any trucking, transportation or other experience applicable to the position you are applying for

List any courses and training applicable to the position you are applying for, not otherwise listed on this application

List any special equipment or technical materials you are able to work with, not otherwise listed on this application

4. ACCIDENT HISTORY – Please provide all information for any accidents that you have been a part of within the last 3 years.

I have no prior accident history.

Date of Accident	Nature of Accident	Number of Injuries	Number of Fatalities	Hazardous Material Spill? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. TRAFFIC VIOLATIONS – Please provide all information for traffic convictions, forfeitures or violations of any kind within the last 3 years.

I have no prior traffic violations.

Date	Violation	State of Violation	Penalty

6. APPLICATION CERTIFICATION

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 a right to review information provided by current/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 finally to have the ability to attach a rebuttal statement to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. In the event that I am hired as a commercial driver, or in a position wherein I will operate a company vehicle, I authorize Croell, Inc. to obtain a motor vehicle report on me. If offered a position as a commercial driver, I agree to submit to drug and alcohol testing and maintain a current DOT medical card, in accordance with federal and regulatory laws or in the interests of safety. Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license as listed above.

This signature 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.

Applicant Full Name - Please print clearly	Applicant Signature	Application Date
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