



APPLICATION FOR EMPLOYMENT

Applicant Name:				Date:	
Address:		City:		State:	Zip:
Telephone:		Cell:		Email address:	
Position Applying For:				Pay Rate/Salary:	
Job Location:				Date Available:	

In compliance with federal and state Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, gender, identity, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT	
I authorize you to make such 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. (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), or omission of information requested may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.	
I understand that no promises regarding employment have been given to me about any job with Croell, Inc. If I am offered a position, Croell, Inc., or I can end employment at any time, with or without cause or notice. I understand that no representative of Croell, Inc. has the authority to make any assurances to the contrary or to guarantee employment for a specific time period. In the event that I am employed by Croell, Inc. and subsequently my employment ends, I authorize Croell, Inc. to withhold from my earnings any amounts that are owing to Croell, Inc. for expenditures and/or advances made on my behalf.	
<input type="text"/> Signature	<input type="text"/> Date

Are you available to work overtime?	Yes <input type="text"/>	No <input type="text"/>
Have you ever worked for Croell, Inc. before?	Yes <input type="text"/>	No <input type="text"/>
If yes, when and where?	<input type="text"/>	
Do you have any friends, relatives, or acquaintances working for Croell, Inc.?	Yes <input type="text"/>	No <input type="text"/>
If hired, would you have transportation to/from work?	Yes <input type="text"/>	No <input type="text"/>
Do you have a valid drivers license?	Yes <input type="text"/>	No <input type="text"/>
If hired, would you be willing to submit to and pass a drug test?	Yes <input type="text"/>	No <input type="text"/>
Are you over the age of 18? (If under 18, hire is subject to verification of minimum age.)	Yes <input type="text"/>	No <input type="text"/>
Military Record: Branch of Service:	<input type="text"/>	From <input type="text"/> To <input type="text"/>
Present Military Affiliation:	None <input type="text"/>	Reserve (Active) <input type="text"/> Reserve (Inactive) <input type="text"/>
Types of training and duty in service:	<input type="text"/>	

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accomodation?	Yes <input type="text"/>	No <input type="text"/>
If no, describe the functions that cannot be performed:	<input type="text"/>	

(Note: Croell, Inc. comply with the ADA and considers reasonable accomodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill and agility and may be subject to a post-offer pre-hire screening process.)

EDUCATIONAL HISTORY				
School Name:	Location:	Major	Dates Attended:	Diploma/Degree:
High School:				
Technical/Trade School:				
College:				
Certifications:				
Other education/training:				

EMPLOYMENT HISTORY

(Use Additional Employment History Information form if necessary)

Non-DOT Applicants: Complete Employment History disregarding DOT questions.

DOT Applicants: All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER:

Name: _____ Telephone: _____

Address: _____
 Street _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

Supervisor's Name: _____ Telephone: _____

Wage: _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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 40.25? Yes _____ No _____

ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason: _____

SECOND LAST EMPLOYER:

Name: _____ Telephone: _____

Address: _____
 Street _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

Supervisor's Name: _____ Telephone: _____

Wage: _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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 40.25? Yes _____ No _____

ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason: _____

THIRD LAST EMPLOYER:

Name: _____ Telephone: _____

Address: _____
 Street _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

Supervisor's Name: _____ Telephone: _____

Wage: _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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 40.25? Yes _____ No _____

ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason: _____

**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.

Experience and Qualifications- Other

Please list any other experience or qualifications in addition to previously stated that may assist in your job qualifications for this company:

REFERENCES

(List three individuals who are not related to you and have known you for at least one year.)

Name	Telephone	Title/Relationship	Address	Occupation

In case of emergency notify (please give two contacts):

Name:	Address:	Telephone:

**STOP HERE - if not applying for Driver Position or position requiring DOT licensing
NON driver positions continue to Applicant Certification on last page for signature**



EMPLOYMENT APPLICATION CONTINUED- DRIVER

Name: _____

Address (current): _____

Street _____ City _____ State _____ Zip _____ # of yrs _____

Past 3 years of residency

Street _____ City _____ State _____ Zip _____ # of yrs _____

Street _____ City _____ State _____ Zip _____ # of yrs _____

Social Security Number: _____

Date of Birth: _____

Have you ever been bonded? Yes _____ No _____

Name of bonding company: _____

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years - Check here: _____

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM:	TO:	
Straight Truck	Van, Reefer, Tank, Flat			
Tractor & Semi Trailer	Van, Reefer, Tank, Flat			
Tractor - Two Trailers	Van, Reefer, Tank, Flat			
Tractor- Three Trailers	Van, Reefer, Tank, Flat			
Motor Coach- School Bus(> 8 passenger)				
Motor Coach- School Bus(> 15 passenger)				
Other:	Van, Reefer, Tank, Flat, NA			

Accident History (3 years)

If no accidents within the last 3 years- Check here: _____

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	# OF FATALITIES	# OF INJURIES	HAZARDOUS MATERIALS SPILL?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures within the last 3 years- Check here: _____

DATE CONVICTED (month/year)	VIOLATION (Other than parking violations)	STATE OF VIOLATION	PENALTY
			(Forfeited bond, collateral and/or points)

License Information

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, the information which is listed below:

Initials _____

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
If yes, give details: _____

Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
If yes, give details: _____

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Experience and Qualifications- Other

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with other than those already shown elsewhere in this application:

Applicant 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 an regulatory laws or in the interests of safety.

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.

Applicant Signature

Date

ALL Applicants continue to Consumer Disclosure and Authorization Form

CONSUMER DISCLOSURE AND AUTHORIZATION FORM- Disclosure Regarding Background Investigation

Croell (the company) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). 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, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

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 the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information 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 the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. 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 the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and 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.

By my signature below, I also certify the information I provided on and in connection with this form 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 Last Name	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>
Applicant Signature	<input type="text"/>			Date	<input type="text"/>

CROELL, INC.
Corporate Office
2010 Kenwood Ave.
New Hampton, IA 50659
Ph. 641-394-6789
Fax 641-394-3735

EEO Demographic Information on Applicants

Job Position Posted:

Name:

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 ever placed in your personnel file nor 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.

1. How did you learn about this position? (Check One):

- | | |
|---|---|
| <input type="checkbox"/> Agency Internet Site Recruitment | <input type="checkbox"/> Agency or other Federal Government on campus |
| <input type="checkbox"/> Private Employment Website | <input type="checkbox"/> Religious organization |
| <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 - give location: _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend or relative working for this agency |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> State Vocational Rehabilitation Agency |
| <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Professional organization or publication |
| <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: _____ |
| <input type="checkbox"/> State Employment Office | <input type="checkbox"/> |
| <input type="checkbox"/> Federal, state or local Job center | <input type="checkbox"/> |

2. Sex (Check One):

- Female Male

3. Ethnicity / Race:

- 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
-
- 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 - person having origins in any of the original peoples of Europe, Middle East, or North Africa

4. Check any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Disabled Veterans | <input type="checkbox"/> Other veterans (served active duty during war campaign) |
| <input type="checkbox"/> Armed Forces service medal veteran | <input type="checkbox"/> Recently separated veterans (within 36 months of discharge) |

Please return to this form to the following address:

Croell, Inc.
2010 Kenwood Ave.
New Hampton, IA. 50659
Attention: Human Resources