

CROELL, INC. EMPLOYMENT APPLICATION

Please submit this completed form to the location at which you are applying or the information below.

Croell, Inc. | 2010 Kenwood Ave | P.O. Box 430 | New Hampton, IA 50659 | P) 641-229-8198 | F) 641-394-2213 | E) recruiting@croell.com

1. APPLICANT INFORMATION – Please print all information on this form clearly to prevent potential errors.																							
Full Name				Phone Number				Email Address				Social Security Number											
Position Applying For						Preferred Work Location																	
2. RESIDENCY INFORMATION – Please list additional residency information for the previous 3 years.																							
Address			City, State Zip			# of Years			Address			City, State Zip			# of Years								
Address			City, State Zip			# of Years			Address			City, State Zip			# of Years								
3. LICENSE INFORMATION – Please provide driver's license information and answer all questions.																							
License Number			License Type			Issue State			Expiration Date			List any state operated in within the last 5 years											
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, explain:						<input type="checkbox"/> Yes <input type="checkbox"/> No						Has any license, permit, or privilege ever been suspended or revoked? If yes, explain:						<input type="checkbox"/> Yes <input type="checkbox"/> No					
4. 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						If hired, do you have reliable transportation to/from work?						<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you at least 18 years of age? (minimum age verification)						<input type="checkbox"/> Yes <input type="checkbox"/> No						Have you ever worked for Croell, Inc. before?						<input type="checkbox"/> Yes <input type="checkbox"/> No					
If hired, are you willing to submit to and pass a drug test?						<input type="checkbox"/> Yes <input type="checkbox"/> No						Have you served in the Military?						<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?						<input type="checkbox"/> Yes <input type="checkbox"/> No						If no, describe the functions that cannot be performed:											
<small>Croell, Inc. and its subsidiaries comply with the ADA and consider 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.</small>																							
5. EXPERIENCE AND QUALIFICATIONS – List skills, experience, and/or qualifications you feel are applicable to the job you are applying for.																							
6. 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 Degree <input type="checkbox"/> Technical/Certificate																							
Name of School			Major/Specialty			Degree Received			Name of School			Major/Specialty			Degree Received								
7. EMPLOYMENT HISTORY – Please provide employment history information for the last 10 years.																							
Current or Last Employer Name		Address				Phone Number		Position Held		Dates of Employment		Reason for Leaving											
List Primary Responsibilities and Job Functions						Account for the period between jobs (include dates and reason)																	
Were you subject to the Federal Motor Carrier Safety Regulations while employed?												<input type="checkbox"/> Yes <input type="checkbox"/> No											
Was your job designated as a safety-sensitive function, subject to the DOT drug and alcohol testing requirements of 49 CFR Part 40.25?												<input type="checkbox"/> Yes <input type="checkbox"/> No											
Previous Employer Name			Address			Phone Number			Position Held			Dates of Employment			Reason for Leaving								
List Primary Responsibilities and Job Functions						Account for the period between jobs (include dates and reason)																	
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Was your job designated as a safety-sensitive function, subject to the DOT drug and alcohol testing requirements of 49 CFR Part 40.25?												<input type="checkbox"/> Yes <input type="checkbox"/> No											
8. COMMERCIAL DRIVING EXPERIENCE – Please provide information for each type of commercial vehicle operated.																							
<input type="checkbox"/> I have no prior driving experience.																							
Single Trailer		Double Trailer		Triple Trailer		Straight Truck		Motor Coach		Other													
<input type="checkbox"/> Van	<input type="checkbox"/> Tank	<input type="checkbox"/> Van	<input type="checkbox"/> Tank	<input type="checkbox"/> Van	<input type="checkbox"/> Tank	<input type="checkbox"/> Van	<input type="checkbox"/> Tank	<input type="checkbox"/> 8 +	<input type="checkbox"/> 15 +	<input type="checkbox"/> Van	<input type="checkbox"/> Tank												
<input type="checkbox"/> Reefer	<input type="checkbox"/> Flat	<input type="checkbox"/> Reefer	<input type="checkbox"/> Flat	<input type="checkbox"/> Reefer	<input type="checkbox"/> Flat	<input type="checkbox"/> Reefer	<input type="checkbox"/> Flat	Passenger	Passenger	<input type="checkbox"/> Reefer	<input type="checkbox"/> Flat												
Years	Miles	Years	Miles	Years	Miles	Years	Miles	Years	Miles	Years	Miles												
Trucking, transportation, or other relevant experience:						Courses, training, or safe driving awards received:																	

CROELL, INC. EMPLOYMENT APPLICATION (continued)

9. 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.

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

10. 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	Date	Violation	State of Violation	Penalty

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

Name	Phone Number	Relationship	Occupation	Name	Phone Number	Relationship	Occupation

12. APPLICANT DISCLOSURES AND AUTHORIZATIONS

Employment Authorization

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; if 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 the interview(s), or omission of information requested may result in discharge.

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.

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.

Commercial Driver Authorization

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, to investigate my safety performance history as required by 49 CFR 391-23 (d) and (e). I understand that I have a right to review the 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. If 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, per 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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EEO DEMOGRAPHIC INFORMATION - APPLICANTS

Please submit this completed form with the completed application.

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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 officials |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Job Fair – Provide Fair Location: |
| <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 – Provide Source: |

GENDER – Please choose one of the options below.

- Male Female

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

- Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Two or more races** – a 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** – a 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)