



METRO-AG, INC. EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination based on race, religion, creed, color, sex, age, national origin, disability, or any other prohibited reason.

550 N. 2nd St.
P.O. Box 231
Breese, IL 62230
618-526-2341
618-526-2351 (fax)
metroag@metroag.com

APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone	Home			E-mail Address					
	Cell								
Date Available					Desired Annual Salary	\$			
Position Applied for				How did you learn of this position?					
Are you able to perform the duties of the job with or without reasonable accommodation?					Full-time Work <input type="checkbox"/>		Seasonal Work <input type="checkbox"/>		
Will you work overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Special skills/training						
Are you legally eligible to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to lift 50 pounds?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Will you now, or in the future, require sponsorship for employment visa status (e.g., H-1B status)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.						
Have you ever applied for employment with us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever worked for us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
EDUCATION									
High School				Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES									
<i>Please list three professional references.</i>									
Full Name					Relationship				
Company					Phone				
Full Name					Relationship				
Company					Phone				
Full Name					Relationship				
Company					Phone				

Employment History - Start with present or most recent employer. Drivers require 10 years history; please use the back of this form if necessary.

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

Military Service: Branch and Location						
Current military obligations?				Supervisor		
Job Title						
Responsibilities						Hours per week
From		To		Honorable Discharge?	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Phone:

DISCLAIMER AND SIGNATURE

By signing below, I certify that the information provided in this Employment Application is true, correct and complete. I authorize investigation of all statements contained in this application. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I further understand that acceptance of an offer of employment with Metro-Ag, Inc. does not create a contract between me and Metro-Ag, Inc. to continue to employ me in the future and that my employment will be on an at-will basis. I understand that any offer of employment by Metro-Ag, Inc. is also contingent upon the successful completion of a **criminal background check and motor vehicle check** which I authorize should I be offered a position with Metro-Ag, Inc.

Finally, I understand Metro-Ag, Inc. participates in E-Verify and that it will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), information from each new employee's Form I-9 to confirm work authorization, and I hereby authorize these disclosures.

Applicant Signature				Date	
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FORMER EMPLOYER VERIFICATION

SECTION 1: PREVIOUS EMPLOYEE INFORMATION & RELEASE (to be completed by employee)

NAME: _____ SSN: _____

I hereby authorize _____ to release the following requested information to drive a commercial motor vehicle as required by the U.S. Department of Transportation & Federal Motor Carrier Safety Regulations Parts 382, 391, 392 & 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to the request will be greatly appreciated.

Signature: _____ Date: _____

SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY (for office use only)

Employed from _____ to _____ as a _____.

What type of driving? Local Regional OTR

Did previous employee drive a motor vehicle for you? Yes No

If yes, please indicate the specific type of vehicle and time driven for you:

Tractor/Semi-Trailer _____ years _____ months; Straight Truck _____ year's _____ months

Other (Please specify) _____; _____ years _____ months

What type of trailer? Tanker Flat* Doubles Van Reefer

*What type of cargo if you checked flat? _____.

Was previous employee a safe and efficient driver? Yes No

Was previous employee's general conduct satisfactory? Yes No

Reason for leaving your employ? Discharged Resigned Laid off Other

Is previous employee eligible for rehire? Yes No Upon Review

Did employee have any accidents/incidents? Yes No

If yes, # _____ Preventable # _____ Non-preventable

Timeliness: Good Fair Poor Equip. Care/Handling: Good Fair Poor

Cleanliness: Good Fair Poor Personal Appearance: Good Fair Poor

Dependability: Good Fair Poor Logbook Mgmt: Good Fair Poor

Paperwork: Good Fair Poor Financially Responsible: Good Fair Poor

SECTION 3: NOTE REGULATIONS OF THE DEPT. OF TRANSPORTATION (49 CFR PART 40) requires your company to provide us with information concerning named driver's past drug and alcohol test results, including refusals to be tested.

In the past two years has the previously named applicant ever:

- Tested positive for a controlled substance? Yes No
- Tested with an alcohol concentration of 0.04 or higher? Yes No
- Refused to submit to a DOT drug or alcohol test, including a verified adulterated or substituted result? Yes No
- Had any other violations of DOT drug/alcohol testing requirements? Yes No
- Had any other violations of drug/alcohol regulations from previous employers? Yes No

Your Name: (print) _____ Title: _____

Your Signature: _____ Date: _____

Your Telephone Number: _____

Please forward your response as soon as possible to the above address.

(We prefer fax: [618-526-2351](tel:618-526-2351)/email to metroag@metroag.com) Please call 618-526-2341 with questions.