



Sauder Feeds, Inc.

Employment Application

CDL DRIVER

Personal Information

Date of Application

____/____/____

Full name:

Last First M.I.

S.S.N.

____-____-____

Address:

Street address Apt/Unit #

Phone:

____-____-____

Driver's
License No.

City State Zip Code

Email:

____@____.____

Best time to
reach you:

☐ Phone - Morning

☐ Phone - Evening

☐ Phone - Afternoon

☐ Email - Anytime

Start Date you would be available:

____/____/____

Desired Pay:

\$

Work Schedule You Desire:

☐ Full-time

☐ Seasonal

☐ Part-time

☐ Temporary

Position applied for:

(Manufacturing/Production, CDL Driver, Office, Maintenance, Saturday Help)

Are you able to meet the attendance requirements of this position?

☐ Yes

☐ No

☐ I need more information about the attendance requirements

Will you work overtime if required?

☐ Yes

☐ No

☐ On Occasion

How did you hear about us?

If you are under 18 years old, can you provide a work permit if required?

☐ Yes

☐ No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.)

☐ Yes

☐ No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

☐ Yes

☐ No

☐ I need more information about the job's "essential functions"

Note: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Have you ever been employed here?

☐ Yes

☐ No

If yes, when?

Have you ever been convicted of a felony?

☐ Yes

☐ No

If yes, explain:

Education

High school:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Diploma:

College:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Degree:

Other:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Degree:

License Information

STATE	LICENSE #	TYPE / CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES:				

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <i>(Van, Tank, Flat, Etc.)</i>	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

Accident Record - Past 3 Years

Attach additional sheet if more space is needed. Check this box if none. ☐

DATES (List most recent first)	NATURE OF ACCIDENT <i>(Head-on, rear-end, upset, etc.)</i>	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Yes / No)

Traffic Convictions and Forfeitures - Past 3 Years (Other Than Parking Violations)

Attach additional sheet if more space is needed. Check this box if none. ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ☐ No ☐

If Yes, Explain: _____

Has any license, permit, or privilege ever been suspended or revoked? Yes ☐ No ☐

If Yes, Explain: _____

Previous Employment

List your most recent employer first.

1. Company:	Supervisor:
Phone:	Email:
Address:	Hourly/Salary Rate Starting: \$ Final: \$
Job title:	Employed From: To:
Responsibilities:	
Reason for leaving:	
What did you like most about your position?	
What were the things you liked least about the position?	
May we contact your previous supervisor for a reference?	Yes ☐ No ☐

2. Company:	Supervisor:
Phone:	Email:
Address:	Hourly/Salary Rate Starting: \$ Final: \$
Job title:	Employed From: To:
Responsibilities:	
Reason for leaving:	
What did you like most about your position?	
What were the things you liked least about the position?	
May we contact your previous supervisor for a reference?	Yes ☐ No ☐

3. Company:	Supervisor:
Phone:	Email:
Address:	Hourly/Salary Rate Starting: \$ Final: \$
Job title:	Employed From: To:
Responsibilities:	
Reason for leaving:	
What did you like most about your position?	
What were the things you liked least about the position?	
May we contact your previous supervisor for a reference?	Yes ☐ No ☐

Explain any gaps in your employment:

Have you ever been fired or asked to resign from a job? Yes ☐ No ☐

If yes, please explain:

Professional Organizations

ORGANIZATION

DESCRIBE YOUR EXPERIENCE / INVOLVEMENT / ROLE

Please list job-related organizations, clubs, or other associations to which you belong (or have in the past), and what your experience or involvement looked like.

References

Please list the names and telephone numbers of a minimum of three (3) business/work references who are NOT related to you. These should be people who can speak into your professional experience and character qualities. If not applicable, please include a minimum of three (3) school or personal references who are NOT related to you.

1. Name:	Relationship to you:	Years Known:
Email:	Phone:	
2. Name:	Relationship to you:	Years Known:
Email:	Phone:	
3. Name:	Relationship to you:	Years Known:
Email:	Phone:	
4. Name:	Relationship to you:	Years Known:
Email:	Phone:	

Military Service

Branch:	From:	To:
Rank at discharge:	Type of discharge:	
If other than honorable, explain:		

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I have not submitted false or misleading information, omitted or misrepresented myself in this application. If this application leads to employment, I understand that false or misleading information, omissions or misrepresentations discovered in my application or interview may result in my employment or compensation being terminated at any time.

If hired, I agree to conform to the Company's rules and regulations. I understand that these rules and/or information provided in the employer handbook do not form a contract of employment, either express or implied. I understand that employment with Sauder Feeds, Inc. is at will, and can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option. I also understand that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company.

I authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and education institutions and to all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

This company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, genetic information, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant Signature: _____ Date: ____/____/____



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