

BIOTECH AGRONOMICS, INC
1651 US HWY 31
BEULAH, MI 49617

Phone # _____

APPLICATION FOR EMPLOYMENT – COMMERCIAL MOTOR VEHICLE DRIVER (CDL)

DATE

APPLICANT NAME

Every Section/Question must be completed: If the response to any section/question is "NONE", you must write "NONE".

Current Home Address:

STREET	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residence Address - Past 3 years preceding this application (REQUIRED INFORMATION)

STREET	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH

Social Security Number (REQUIRED INFORMATION)

Who referred you to this company? _____

Have you ever worked for this company before?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain, including the dates _____

Education: Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 High School 1 2 3 4 College 1 2 3 4 5

Military U.S. Military Branch Rank Presently in Guard/Reserves?

Current Driver License Info State License # Base License O C

CDL Class (Circle One) A B C Restriction #'s Endorsements (Circle all that apply) X H N T S P F

Have you ever had a license, permit or the privilege to operate a motor vehicle denied, revoked, or suspended? (REQUIRED INFORMATION)

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, explain _____

Have you ever been known by any other name than that shown on this application?

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, explain and print previous name _____

Have you ever been disqualified under F.M.C.S.A. (D.O.T.) Safety Regulation guidelines? (REQUIRED INFORMATION)

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, explain _____

Have you ever been convicted of, or are any charges pending for, driving while under the influence of alcohol, a narcotic drug, amphetamines, or derivatives thereof? (REQUIRED INFORMATION)

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, explain _____

Have you ever tested positive, or refused to test on any Pre-Employment, Random, Post-Accident or any other drug or alcohol test administered by any employer to which you applied for, either obtaining or not obtaining a safety sensitive transportation work covered by a D.O.T. agency under drug and/or alcohol testing rules in the past 3 years? (REQUIRED INFORMATION)

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, explain _____

Have you ever been convicted of a crime?

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, explain - including the date of conviction _____

Currently, are there any felony charges against you?

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, explain - including the date of the charges _____

Are you able to perform the essential functions of the job for which you are applying with, or without, any additional accommodations?

<input type="checkbox"/>	<input type="checkbox"/>
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Are you a: U.S. Citizen Lawful Permanent Resident Otherwise authorized to work in the United States

YOU MUST CHECK AT LEAST ONE OF THE ABOVE

List each motor vehicle operator's license, or permit, issued to you during the past 3 years (REQUIRED INFORMATION)

STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE

List all types of motor vehicles you have operated requiring a Chauffeur and/or CDL License. (REQUIRED INFORMATION)

TYPE OF EQUIPMENT	YEARS OPERATING EQUIPMENT	TYPE OF WORK

List all traffic citations (except parking) that you have been issued during the past 3 years. (REQUIRED INFORMATION)

DATE	CITATION WRITTEN FOR	LOCATION OF CITATION

List all motor vehicle personal and commercial vehicle) accidents you have been involved in for 3 years preceding the date of this application. (REQUIRED INFORMATION)

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	CITATION (YES OR NO)	# OF FATALITIES	# INJURIES

Have you attended a Truck Driving School?

Name of School/Location _____ Graduation Date _____

Type of License/Equipment _____ Did you receive a Certificate of Entry Level Training?

Driver Certifications or awards, if applicable (If yes, please attached copies if available)

In case of emergency, contact _____ Relationship _____
 Contact Phone Number(s) _____
 Contact Address _____

I understand that all company employees are employed on an indefinite basis and are subject to termination at any time with or without notice; with or without prior discipline or warning; and with or without cause. No person other than the authorized BIOTECH AGRONOMICS, INC personnel has the right to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the authorized BIOTECH AGRONOMICS, INC personnel will be enforceable unless the document is in writing, dated, and signed by the authorized BIOTECH AGRONOMICS, INC management/supervisor.

The information provided in this application, including, but not limited to the information required by 49CFR 391.21(b)(10)(11), shall be used; my previous employer(s) shall be contacted for the purpose of investigating my safety performance history as required by 49CFR 391.23(d)(e); and, investigations into my past drug and alcohol information as required in 49 CFR 40.25. This is to notify the applicant that rights pertaining to the investigative information can be provided to the applicant pursuant to 49 CFR 391.25(d)(e); allowing the applicant to review information provided by previous employers.

I understand that if I have a protected handicap that affects my ability to perform the responsibilities of the position for which I am hired, I may ask BIOTECH AGRONOMICS, INC to attempt to make accommodations as required by law. I must make my request in writing to BIOTECH AGRONOMICS, INC. as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodations are needed.

BIOTECH AGRONOMICS, INC is an Equal Opportunity Employer (EOE) and is in compliance with Federal and State employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, and disability.

My signature below certifies that this application was completed by me and that all entries and information contained are true and complete to the best of my knowledge.

Signature _____ Date _____

BIOTECH AGRONOMICS, INC
1651 US HWY 31
BEULAH, MI 49617

- PROVIDE A FULL TEN YEARS OF YOUR EMPLOYMENT AND/OR SCHOOLING HISTORY

Previous Employment: This information is required by 49CFR 389.21(b)(10)(11). Names and addresses of the applicant's employers during the preceding 10 years from the date of this application. Previous employment information must contain the dates of employment; reason for leaving; whether the applicant was subject to F.M.C.S.A.; and whether the job was designated as a safety sensitive function in any D.O.T. regulated mode - subject to alcohol and controlled substance testing requirements as required by 49CFR 40.25 and 391.23(e) and or required under that authority of BIOTECH AGRONOMICS, INC as part of its application process.

LAST EMPLOYER	STREET		DATE(S) OF EMPLOYMENT	TO	STATE	ZIP	
Address			CITY				
Supervisor			Phone #				
Reason for Leaving							
F.M.C.S.A./D.O.T Related Position held	Yes	No	Was the position designated as a safety sensitive function under			Yes	No
			D.O.T. - 49CFR Part 40, Drug/Alcohol Testing				
Reason for Leaving the employer							

EMPLOYER	STREET		DATE(S) OF EMPLOYMENT	TO	STATE	ZIP	
Address			CITY				
Supervisor			Phone #				
Reason for Leaving							
F.M.C.S.A./D.O.T Related Position held	Yes	No	Was the position designated as a safety sensitive function under			Yes	No
			D.O.T. - 49CFR Part 40, Drug/Alcohol Testing				
Reason for Leaving the employer							

EMPLOYER	STREET		DATE(S) OF EMPLOYMENT	TO	STATE	ZIP	
Address			CITY				
Supervisor			Phone #				
Reason for Leaving							
F.M.C.S.A./D.O.T Related Position held	Yes	No	Was the position designated as a safety sensitive function under			Yes	No
			D.O.T. - 49CFR Part 40, Drug/Alcohol Testing				
Reason for Leaving the employer							

EMPLOYER	STREET		DATE(S) OF EMPLOYMENT	TO	STATE	ZIP	
Address			CITY				
Supervisor			Phone #				
Reason for Leaving							
F.M.C.S.A./D.O.T Related Position held	Yes	No	Was the position designated as a safety sensitive function under			Yes	No
			D.O.T. - 49CFR Part 40, Drug/Alcohol Testing				
Reason for Leaving the employer							

EMPLOYER	STREET		DATE(S) OF EMPLOYMENT	TO	STATE	ZIP	
Address			CITY				
Supervisor			Phone #				
Reason for Leaving							
F.M.C.S.A./D.O.T Related Position held	Yes	No	Was the position designated as a safety sensitive function under			Yes	No
			D.O.T. - 49CFR Part 40, Drug/Alcohol Testing				
Reason for Leaving the employer							

If you have had more than 5 employers during the past 10 years - please use the back of this page, or use another sheet of paper.

TO: Motor Vehicle Drivers

SUBJECT: Request for Driver Information via Motor Vehicle Record Report

Driving a motor vehicle is a privilege extended to specific employees, contingent upon a favorable driving record. With your permission, Biotech Aeronomics will obtain your Motor Vehicle Record (MVR). The record will be reviewed to determine appropriate and responsible driving history. This is a recommended procedure followed by many organizations to help control worker's compensation and liability insurance costs. This procedure will be completed annually. All MVR's are confidential and will be used only for the stated purpose.

Please sign below and attach a photocopy of your current driver's license.

Employee Name-Printed _____ Date _____

Employee's Signature _____

Employee Date of Birth _____

Employee Driver's License Number _____