



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ - _____ - _____ Driver's License # _____

Applicant Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Phone Number: _____ Are you 18 years old or older? Yes No

Are you authorized to work in the U.S.? Yes No Referred by: _____

State the name of any relatives, other than spouse, already employed by this company. _____

Bestifor Company you are applying to: Bestifor Farms Bestifor Hay Best West Larsons' of Kansas gbpets VandWater

POSITION DESIRED

Position: _____ Date you can Start: _____ Salary desired: _____

Position Applied For: Full-Time Part-Time Seasonal

Have you previously worked for this company? Yes No If yes, from _____ to _____

Reason for leaving: _____ How did you learn of this opening: _____

Former supervisor(s) at this company _____

EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects, Studies, & Degree(s)
High School _____	1 2 3 4	<input type="checkbox"/> Yes	_____
_____		<input type="checkbox"/> No	_____
College _____	1 2 3 4	<input type="checkbox"/> Yes	_____
_____		<input type="checkbox"/> No	_____

Trade, Business, or Correspondence School _____ 1 2 3 4 Yes _____

_____ No _____

Other education or training: _____

Other special skills: _____

Activities (Civic, athletic, etc.) in which you participate: _____

(Exclude organizations, the name or character of which indicates the race, religion, creed, color, national origin, or disabilities of its members.)

Have you ever been convicted of a crime?* Yes No

If yes, give details, including date(s): _____

*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. Please include military service as work experience. If you need more room, you may attach another sheet of paper.

Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____ May we contact: Yes No

Starting Salary: _____ Final Salary _____

Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____ May we contact: Yes No

Starting Salary: _____ Final Salary _____

Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____ May we contact: Yes No

Starting Salary: _____ Final Salary _____

REFERENCES

Provide the name of three persons not related to you, whom you have known for at least one year.

Name	Address	How Acquainted & # of Years	Phone Number

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation, or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Bestifor – its divisions, subsidiaries, and related companies – are an equal opportunity employer. Employment at Bestifor is based solely upon an individual's merit and qualifications directly related to the position. Individuals seeking employment with Bestifor are considered without regards to race, color, religion, national origin, ancestry, pregnancy status, sex, age, marital status, disability, medical condition, sexual orientation, gender identity, or any other legally protected status. We make all reasonable accommodations to meet the obligations set forth under the Americans with Disabilities Act (ADA) and State disability laws.

Signature: _____

Name Printed: _____

Date _____



DOT/CDL Driver's Only
(Pages 4-9)

DRIVER APPLICATION

Applicant Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Present Address: _____
Street City State Zip Code

RESIDENCE PAST THREE YEARS

Address: _____
Street City State Zip Code

How long: _____

Address: _____
Street City State Zip Code

How long: _____

Address: _____
Street City State Zip Code

How long: _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

PROVIDE COPY OF DRIVERS LICENSE AND MEDICAL CERTIFICATE
List state and license numbers of all licenses held for the past three years.

State: _____ License #: _____ Expiration Date: _____ Class A Class B

Endorsements: _____

State: _____ License #: _____ Expiration Date: _____ Class A Class B

Endorsements: _____



State: _____ License #: _____ Expiration Date: _____ Class A Class B

Endorsements: _____

State: _____ License #: _____ Expiration Date: _____ Class A Class B

Endorsements: _____

DRIVING EXPERIENCE

Equipment Class: Straight Truck Tractor Semi Trailer Tractor with Doubles Tractor with Triples Tractor with Tank Other

Type of Equipment (Van, Flat, Tank, etc.): _____

Dates: From _____ To: _____ Approx. # of Miles: _____

Equipment Class: Straight Truck Tractor Semi Trailer Tractor with Doubles Tractor with Triples Tractor with Tank Other

Type of Equipment (Van, Flat, Tank, etc.): _____

Dates: From _____ To: _____ Approx. # of Miles: _____

Equipment Class: Straight Truck Tractor Semi Trailer Tractor with Doubles Tractor with Triples Tractor with Tank Other

Type of Equipment (Van, Flat, Tank, etc.): _____

Dates: From _____ To: _____ Approx. # of Miles: _____

ACCIDENTS/CRASHES FOR THE PAST THREE YEARS OR MORE

Date: _____ Nature of Accident (Backing, Head-On, Rollover, Turning.): _____

Fatalities: Yes No Injuries: Yes No

Date: _____ Nature of Accident (Backing, Head-On, Rollover, Turning.): _____

Fatalities: Yes No Injuries: Yes No

Date: _____ Nature of Accident (Backing, Head-On, Rollover, Turning.): _____

Fatalities: Yes No Injuries: Yes No

Date: _____ Nature of Accident (Backing, Head-On, Rollover, Turning.): _____

Fatalities: Yes No Injuries: Yes No



MOVING TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS

Date of Conviction: _____ Offense: _____

Location: _____ Type of Motor Vehicle Operated: _____

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Location: _____ Type of Motor Vehicle Operated: _____

Date of Conviction: _____ Offense: _____

Location: _____ Type of Motor Vehicle Operated: _____

Date of Conviction: _____ Offense: _____

Location: _____ Type of Motor Vehicle Operated: _____

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit, or privilege ever been revoked? Yes No

If yes, attach statement giving details.

Bestifor requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) to be tested for controlled substances with a negative result prior to driving.

Do you consent to such Testing? Yes No

EMPLOYMENT RECORD

All for past three years and Commercial Driving Experience for the past ten (10) years

Last Employer: _____ Position held: _____

CDL From: _____ To: _____

Address _____ City _____ State _____ Zip _____

Telephone Number: _____ Contact: _____

Reason for Leaving: _____



Last Employer: _____ Position held: _____

CDL From: _____ To: _____

Address _____ City _____ State _____ Zip _____

Telephone Number: _____ Contact: _____

Reason for Leaving: _____

Last Employer: _____ Position held: _____

CDL From: _____ To: _____

Address _____ City _____ State _____ Zip _____

Telephone Number: _____ Contact: _____

Reason for Leaving: _____

Last Employer: _____ Position held: _____

CDL From: _____ To: _____

Address _____ City _____ State _____ Zip _____

Telephone Number: _____ Contact: _____

Reason for Leaving: _____

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature

Date

Name Printed



Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section I-A to the employer listed in Section I-B. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following items for the past three years:

1. Alcohol test with a result of 0.04 or higher,
2. Verified positive drug tests;
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violations;
6. Information obtained from previous employers of a drug and alcohol rule violation.

Applicant's Signature

Date

Previous Employer Name: _____

Address City State Zip

Phone Number: _____ Contact: _____

Previous Employer Name: _____

Address City State Zip

Phone Number: _____ Contact: _____

Previous Employer Name: _____

Address City State Zip

Phone Number: _____ Contact: _____



Section II. To be completed by previous employer and transmitted to new employer.

A. In the previous two years, for DOT-regulated testing:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
- 2. Did the employee have verified positive drug tests? YES NO
- 3. Did the employee refuse to be tested? YES NO
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES NO
- 5. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES NO
- 6. Did a previous employer report a drug and alcohol rule violation to you? YES NO

[NOTE: Previous employer, if you answered "yes" to any item in Section II-A, you must also transmit a copy / copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer.]

B. Name of person providing information in Section II-A: _____

Title: _____ Phone # : _____

Date: _____ Email: _____