



PERSONAL (please print clearly):

NAME _____ SOCIAL SECURITY # _____
Last First MI

ADDRESS _____
Number & Street Apt. # City State Zip
 List the address at which you resided during the 3 years preceding the date of this application: Check box if addresses are continued on back

PREVIOUS ADDRESS _____
Number & Street Apt. # City State Zip

PHONE NO. _____ ALTERNATE PHONE NO. _____

BEST TIME(S) TO CALL _____ E-MAIL ADDRESS _____

ARE YOU OVER 18 YEARS OF AGE? ___YES ___NO DATE OF BIRTH _____

Your **MINIMUM** salary requirements are (check one): ___Negotiable **OR** \$_____ per Hour/Month/Year (circle one)

Do you want to work on a: ___ Full-Time Regular Basis ___ Part-Time Regular Basis (specify days & hours) _____
 ___ Temporary Basis (specify days & hours) _____ (specify type of temporary work) _____

Date available for work: _____ How did you learn about our job opportunities: _____

Are you legally authorized to work in the U.S.? ___ Yes ___ No If NO, will you now or in the future, require sponsorship for employment visa status (e.g. H-1B, TN or other Visa Status)? ___ Yes ___ No

Company Policy states that relatives shall not be employed where a supervisory relationship would occur. Please list any relatives working here & their relationship to you. _____

Have you ever been convicted of, or pled guilty to, a crime? ___Yes ___No Have you ever been placed on probation or been granted deferred adjudication or deferral of proceedings for a crime? ___Yes ___No Are you presently charged with any violation of the law? ___Yes ___No
 If you answered yes to any of the above questions, please attach explanation. (Note: The disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.)

EDUCATION: Circle last school year completed in each category: Grade School High School College
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6

| NAME AND ADDRESS OF INSTITUTION | Course of Major Subject (Degree, if any) | Dates Attended | | Years Credit | Did You Graduate? |
|---|---|----------------|----|-----------------|----------------------|
| | | From | To | | |
| High School or G.E.D. | _____ | | | | |
| Trade School or Other | _____ | | | | |
| College(s) and/or Graduate School(s) | _____ | | | | |
| | _____ | | | | |



EMPLOYMENT RECORD: Beginning with your current, or most recent position, list in reverse chronological order all jobs in your work history, or those jobs held within the last 10 years, including temporary jobs. **Please include any specific experience that demonstrates how you meet the minimum requirements for the position(s) for which you are applying.** If you were employed under a different name, give name used. If necessary, attach additional pages.

| Dates Employed | | EMPLOYER | | SUPERVISOR | | SALARY | |
|---|----|----------------------------|-------|---------------|-------|--------|--|
| From | To | Name Address | Phone | Name Title | Start | End | |
| Your title _____ | | Describe your duties _____ | | | | | |
| All reasons for leaving: | | | | | | | |
| Were you subject to the FMCSR while employed by this employer? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | | | |
| Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | |

| Dates Employed | | EMPLOYER | | SUPERVISOR | | SALARY | |
|---|----|----------------------------|-------|---------------|-------|--------|--|
| From | To | Name Address | Phone | Name Title | Start | End | |
| Your title _____ | | Describe your duties _____ | | | | | |
| All reasons for leaving: | | | | | | | |
| Were you subject to the FMCSR while employed by this employer? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | | | |
| Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | |

| Dates Employed | | EMPLOYER | | SUPERVISOR | | SALARY | |
|---|----|----------------------------|-------|---------------|-------|--------|--|
| From | To | Name Address | Phone | Name Title | Start | End | |
| Your title _____ | | Describe your duties _____ | | | | | |
| All reasons for leaving: | | | | | | | |
| Were you subject to the FMCSR while employed by this employer? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | | | |
| Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | |



| Dates Employed | | EMPLOYER | | SUPERVISOR | | SALARY | |
|---|----|----------------------------|-------|---------------|-------|--------|--|
| From | To | Name Address | Phone | Name Title | Start | End | |
| Your title _____ | | Describe your duties _____ | | | | | |
| All reasons for leaving: | | | | | | | |
| Were you subject to the FMCSR while employed by this employer? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | | | |
| Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | |

| Dates Employed | | EMPLOYER | | SUPERVISOR | | SALARY | |
|---|----|----------------------------|-------|---------------|-------|--------|--|
| From | To | Name Address | Phone | Name Title | Start | End | |
| Your title _____ | | Describe your duties _____ | | | | | |
| All reasons for leaving: | | | | | | | |
| Were you subject to the FMCSR while employed by this employer? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | | | |
| Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | |

| Dates Employed | | EMPLOYER | | SUPERVISOR | | SALARY | |
|---|----|----------------------------|-------|---------------|-------|--------|--|
| From | To | Name Address | Phone | Name Title | Start | End | |
| Your title _____ | | Describe your duties _____ | | | | | |
| All reasons for leaving: | | | | | | | |
| Were you subject to the FMCSR while employed by this employer? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | | | |
| Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | |



SKILLS AND ABILITIES

Please check all of the following that apply:

Valid Driver's License? No Yes If Yes, from what state? _____

Valid Commercial License? No Yes If Yes, from what State? _____

Please indicate any other skills and abilities you possess, including licensed or certified membership in a profession or trade (indicate the type of license or certification, and the issuing state). _____

It is our procedure to check all references. If you do not wish to have your current employer/supervisor contacted, please check the box below.

It is **OK** to contact current employer/supervisor:

It is **NOT OK** to contact current employer/supervisor:

Comments: _____

Have you ever applied here before? _____ If yes, give dates and positions sought.

Have you ever been employed here? _____ If yes, give position, department, supervisor and dates.

Have you ever been discharged, fired, or asked to resign from any position? _____ If yes, please explain.



Experience and Qualification:

List every driver's license you have held within the last 3 years including the state.

| Drivers Licenses | State | License Number | Type | Expiration Date |
|------------------|-------|----------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Driving Experiences:

| Class of Equipment | Type of Equipment (van, tank, flat, etc) | Dates | | Approx. No. of Miles (Total) |
|--------------------------|---|-------|----|---------------------------------|
| | | From | To | |
| Straight Truck | | | | |
| | | | | |
| Tractor and Semi-Trailer | | | | |
| | | | | |
| Tractor-Two Trailers | | | | |
| | | | | |
| Other | | | | |
| | | | | |

Traffic Convictions and Forfeitures for the past three years

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

Accident Record for the past five years

| Date | Nature of Accident (head on, rear end, etc.) | Fatalities/Injuries/Property Damage |
|------|---|-------------------------------------|
| | | |
| | | |
| | | |

Have you had any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you?

No Yes If yes, explain _____

Past Employment Verification

This section to be filled out by the driver.

Please fill out a separate form for each employer for the past three years.

Previous Employer _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Employee's Name _____ SSN _____

Position or Job Held _____ Employed Dates _____ to _____

I hereby authorize all previous employers to release records of my employment, including assessment of my job performance, commercial driving, accidents, general work ability/fitness and drug & alcohol history to Poet Ethanol Products. I hereby release this company from any and all liability as a result of providing the requested information to Poet Ethanol Products.

I also understand that I have the following rights regarding the investigative information that will be provided to Poet Ethanol Products: 1) the right to review information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected to Poet Ethanol Products; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Poet Ethanol Products, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Poet Ethanol Products will provide this information to me within five business days of receiving my written request. If Poet Ethanol Products has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when Poet Ethanol Products receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of Poet Ethanol Products making them available, Poet Ethanol Products may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of facts may result in my rejection or dismissal.

Applicants Signature/Date

Witness's Signature/Date

Please provide the following information:

1) Are the dates stated above correct? ___ Yes ___ No

If not, please state correct dates:

2) What kind(s) of work did he/she do?

3) What kind(s) of equipment did he/she operate?

4) Did he/she work well on his/her own? ___ Yes ___ No

5) Did he/she work well with others? ___ Yes ___ No

6) Did he/she receive any traffic citation while employed by you? ___ Yes ___ No

7) Did he/she take good care of the equipment? ___ Yes ___ No

8) Did this employee have any alcohol or drug problems while in your employ? ___ Yes ___ No

9) Is this employee eligible for re-employment? ___ Yes ___ No

10) Reason for leaving your employment?



- 11) Did he/she, within the previous three years, violate the alcohol and controlled substances prohibitions under 49 CFR, part 382 or part 40? Yes No
- a) Did he/she fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) Yes No
- b) If he/she did successfully complete an SAP's rehabilitation referral, and remained in your employ, please provide information on whether the driver had the following testing violations following the rehabilitation referral:
- i) Alcohol tests with a result of 0.04 or higher alcohol concentration Yes No
 - ii) Verified positive drug tests Yes No
 - iii) Refusals to be tested (including verified adulterated or substituted drug test results). Yes No

Explanations:

Please provide the following information for any accidents that the above mentioned driver has been involved in the preceding three years (attach separate sheet if necessary).

| | | |
|---------------|-------------------------|-------------------------------|
| Date | Description of Accident | |
| City/State | Type of CMV Operated | Property Damage \$ |
| # of Injuries | # of Fatalities | Hazardous Materials Released? |

| | | |
|---------------|-------------------------|-------------------------------|
| Date | Description of Accident | |
| City/State | Type of CMV Operated | Property Damage \$ |
| # of Injuries | # of Fatalities | Hazardous Materials Released? |

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|---------------|-------------------------|-------------------------------|
| Date | Description of Accident | |
| City/State | Type of CMV Operated | Property Damage \$ |
| # of Injuries | # of Fatalities | Hazardous Materials Released? |

REMARKS:

Information provided by: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

Past Employment Verification

This section to be filled out by the driver.

Please fill out a separate form for each employer for the past three years.

Previous Employer _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Employee's Name _____ SSN _____

Position or Job Held _____ Employed Dates _____ to _____

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Applicants Signature/Date

Witness's Signature/Date

Please provide the following information:

- 1) Are the dates stated above correct? ___ Yes ___ No If not, please state correct dates:
- 2) What kind(s) of work did he/she do?
- 3) What kind(s) of equipment did he/she operate?
- 4) Did he/she work well on his/her own? ___ Yes ___ No
- 5) Did he/she work well with others? ___ Yes ___ No
- 6) Did he/she receive any traffic citation while employed by you? ___ Yes ___ No
- 7) Did he/she take good care of the equipment? ___ Yes ___ No
- 8) Did this employee have any alcohol or drug problems while in your employ? ___ Yes ___ No
- 9) Is this employee eligible for re-employment? ___ Yes ___ No
- 10) Reason for leaving your employment?



- 11) Did he/she, within the previous three years, violate the alcohol and controlled substances prohibitions under 49 CFR, part 382 or part 40? Yes No
- a) Did he/she fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) Yes No
- c) If he/she did successfully complete an SAP's rehabilitation referral, and remained in your employ, please provide information on whether the driver had the following testing violations following the rehabilitation referral:
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Printed Name: _____ Phone: _____

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Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Employee's Name _____ SSN _____

Position or Job Held _____ Employed Dates _____ to _____

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- 4) Did he/she work well on his/her own? ___ Yes ___ No
- 5) Did he/she work well with others? ___ Yes ___ No
- 6) Did he/she receive any traffic citation while employed by you? ___ Yes ___ No
- 7) Did he/she take good care of the equipment? ___ Yes ___ No
- 8) Did this employee have any alcohol or drug problems while in your employ? ___ Yes ___ No
- 9) Is this employee eligible for re-employment? ___ Yes ___ No
- 10) Reason for leaving your employment?



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- d) If he/she did successfully complete an SAP's rehabilitation referral, and remained in your employ, please provide information on whether the driver had the following testing violations following the rehabilitation referral:
- i) Alcohol tests with a result of 0.04 or higher alcohol concentration Yes No
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 - v) Refusals to be tested (including verified adulterated or substituted drug test results). Yes No

Explanations:

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| | | |
|---------------|-------------------------|-------------------------------|
| Date | Description of Accident | |
| City/State | Type of CMV Operated | Property Damage \$ |
| # of Injuries | # of Fatalities | Hazardous Materials Released? |

| | | |
|---------------|-------------------------|-------------------------------|
| Date | Description of Accident | |
| City/State | Type of CMV Operated | Property Damage \$ |
| # of Injuries | # of Fatalities | Hazardous Materials Released? |

| | | |
|---------------|-------------------------|-------------------------------|
| Date | Description of Accident | |
| City/State | Type of CMV Operated | Property Damage \$ |
| # of Injuries | # of Fatalities | Hazardous Materials Released? |

REMARKS:

Information provided by: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____



In accordance with applicable federal and state laws, Poet Ethanol Products does not discriminate on the basis of age, race, religion, gender, sexual orientation, disability, national or ethnic origin, or veteran status. I understand that official job offers from Poet Ethanol Products are made by the Hiring Supervisor and, unless Human Resources indicate a different procedure, offers made by anyone else should be considered unofficial and invalid.

I hereby certify that the information contained in this application is true and complete. I understand that, if employed all false statements or omissions on this application, curriculum vita, resume, or any accompanying materials are grounds for immediate dismissal. I acknowledge that I may be required to undergo a post offer drug examination prior to employment. I also understand that Poet Ethanol Products reserves the right to terminate my employment at any time with cause or without cause, and that no one at Poet Ethanol Products has any authority to make any representation or agreement to the contrary.

In signing this employment application, I hereby authorize Poet Ethanol Products to conduct an investigation of my personal history for purposes of determining my qualifications and suitability for employment including obtaining investigative consumer reports. I hereby authorize my previous employers and any person I have named as a reference to give Poet Ethanol Products any information concerning my professional competence, ethics, character, and other qualifications for employment.

I release Poet Ethanol Products (and anyone providing information to Poet Ethanol Products) from any and all liability arising from the company's verification of my prior employment history, criminal record, educational record, references, and any other information.

I understand that, in considering my application, the personnel file relating to my employment will be reviewed. If I become a finalist for the position, my current supervisor will be contacted, but only after informing me of the intent to do so.

This 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.

Signature _____ Date: _____

Printed Name _____



AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, the undersigned, authorize Poet Ethanol Products, or its authorized representatives or employees bearing this release or a copy thereof, to obtain any information in your files pertaining to my juvenile or adult criminal justice record, employment history, medical or psychiatric/psychological background, credit records, military service and/or education records, including, but not limited to, my academic achievement, attendance, personal history, and disciplinary records. I direct you to release such information upon request of the bearer. This release is for the official use of Poet Ethanol Products.

I release you, as the custodian of such records, and any governmental agency, educational institution, hospital or other repository of juvenile or adult criminal records, military records, psychiatric/psychological records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including officers, employees, or related personnel (both individually and collectively) from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with, or attempt to comply with, this authorization and related requests to release information.

The information obtained by Poet Ethanol Products may be used for the purpose of evaluating applicants for the employment in a security sensitive position.

I also understand and acknowledge that this authorization becomes effective on the date signed and continues to be in effect for six months following the date of my signature.

Signature

Date



**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.¹⁵