Producers Cooperative Association
Pre-Employment Paperwork Packet

Pre-Employment Paperwork Packet Checklist

Listed below are all of the pre-employment documents included in the candidate packet. When applying with the Company, please return all completed documents in the Return column at the same time.

If you would like to request a reasonable accommodation to complete any of these forms, please contact the Human Resources Director or the General Manager.

Document	Return to Company	Applicant to Keep
☐ **Employment Application**	*Return*	
☐ **Pre-Hire Employment Notice**	*Return*	
☐ **Drug-Free Workplace Policy**		*Keep*
☐ **Drug-Free Workplace Acknowledgement and Drug Test Consent Form**	*Return*	
☐ **Fair Credit Reporting Act Disclosure and Authorization**	*Return*	
☐ **Summary of Your Rights Under the Fair Credit Reporting Act**		*Keep*

**** For current or future CDL license holders, further DOT-specific paperwork will be required at a later date.***

Producers Cooperative Association

Employment Application

Non-DOT Positions

Producers Cooperative Association ("The Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, arrest record or any other characteristic protected by federal, state and/or local laws. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain effective for a period of thirty (30) days or until the position is filled.

If you would like to request a reasonable accommodation to complete this form, please contact the Human Resources Director.

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Mobile Phone: _____ Email: _____

How do you prefer to be contacted regarding your employment application? ☐ Phone Call ☐ Text ☐ Email

Position Desired: _____

Date Available: _____ Hourly Rate/Salary Desired: _____

Are you presently employed? ☐ YES ☐ NO If yes, may we contact your employer? ☐ YES ☐ NO

If presently employed, why are you considering leaving? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? *If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer or Human Resources before answering the question.*

☐ YES ☐ NO

Are you available to work: ☐ Days ☐ Nights ☐ Weekends
☐ Full Time ☐ Part Time
Please explain: _____

How were you referred to the company? _____

Do you have any relatives who work for this company? ☐ YES ☐ NO

If yes, please list their name and work location: _____

Are you legally eligible to be employed in the United States? ☐ YES ☐ NO
Proof of eligibility will be required upon employment

Are you 18 years old or older? ☐ YES ☐ NO
Proof of age maybe required

Have you ever worked for this company before? ☐ YES ☐ NO

If yes, where? _____ When? _____ Title: _____

Supervisor: _____ Reason for leaving: _____

Have you ever been convicted of a crime? *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.* ☐ YES ☐ NO

If yes, explain: _____

Education

	Name and Location of School	Course of Study	Number of years completed	Diploma or Degree Received
High School				
College or University				
Trade, Business or other School				

Other education, training or special skills: _____

References

☐ _____(initial) I voluntarily consent to allow the company and any of its officers, employees or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character or personality.

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

Name	Occupation & Company	Relationship & # of years	Phone Number

Previous Employment

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Please include military service as work experience.

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? ☐ YES ☐ NO

Disclaimer and Signature

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 release the Company and all providers of information from any liability as a result of furnishing and receiving this information. I understand that failure to reveal any omission or misleading information by me can result in disqualification for employment consideration or, if hired, may be grounds for termination from the Company.

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.

Signature: _____ Date: _____

HR USE ONLY			
Hire Date		Rate	
Title		Manager	
Department		Location	

Producers Cooperative Association
Pre-Hire Employment Notice

Thank you for considering Producers Cooperative Association ("the Company") as a potential employer. Before submitting the Employment Application, we wish to emphasize several points. Please initial next to each statement and sign where indicated to acknowledge your understanding.

_____ The Company is an equal employment opportunity employer, which selects the individual it feels is the best mach for the job based upon job-related qualifications, and regardless of race, color, creed, sex, national origin, religion, age, disability, or other protected group status.

_____ The Company recognizes some individuals with disabilities may require reasonable accommodations. If you are disabled or become disabled (meaning you have a mental or physical impairment substantially limiting one or more of the major life activities) and you require a reasonable accommodation, you must contact the Human Resources Director or General Manager to begin the interactive process. Requests may be made to the Human Resources Director or General Manager either orally or in writing. All employees and/or applicants requesting an accommodation will receive a written acknowledgement of their request from the Human Resources Director or General Manager. Applicants and/or employees may also be required to provide additional information as part of the interactive process including but not limited to a medical evaluation, doctor's note, etc.

_____ Employment with the Company is based on the "at will" doctrine, meaning that either the employee or the employer may terminate the employment relationship at any time and for any reason. We hope that we never have to lay off employees. However, we have clearly established that right and will lay off employees if management feels it is best for the company. Additionally, although an employee's rate of compensation may be expressed in a specific time frame (i.e., $30,000 per year or $2,000 per month), the term "year" and "month" are not to be construed as a guarantee of employment for that period of time.

_____ The Company has an anti-harassment policy that states that harassment of any kind will not be tolerated in the workplace, and that any and all complaints of harassment will be investigated fully, fairly and quickly, and will be decisively resolved.

_____ Dishonesty in the completion of the employment application will cause it to be considered invalid. Should the dishonesty become known in the future, regardless of how much time has passed, it may be considered grounds for immediate termination.

_____In an attempt to be fair, the Employment Application is designed to only request information that will help in determining personal identification; job-related skills, qualifications, and abilities; work history and reliability; and education. The first part of the Employment Application is for personal identification only. The questions listed are not intended to ask for information that could be labeled as discriminatory.

_____Company management wants to make it clear that only written policies are binding. Regardless of what, and by whom, any employee may be told, only written policies are binding.

_____If you are offered and accept a position with the Company, you will be required to complete supplemental informational forms, which requests additional information such as your race, sex, etc. This information on the form will not be considered in any employment decisions; it is needed for various record-keeping requirements to state and federal agencies and insurance companies to ensure we are not practicing, or engaging in, discrimination.

_____The Company reserves the right to have employees submit to a drug test by a designated laboratory, based on cause and/or the occurrence of a workplace accident or incident, should it feel that the test is warranted and necessary. Your continued participation from this point forward gives your consent for such a test.

_____You will have access to the Employee Handbook at a reasonable time.

By initialing the box next to each of the prior paragraphs, I realize that I am acknowledging my understanding of their content and agree to abide by the spirit and intent of each paragraph.

_____ _____

Applicant's Printed Name Date

_____ _____

Applicant's Signature Date

Producers Cooperative Association
Drug-Free Workplace Policy (Summarized)

All applicants for employment: Please read carefully and keep for your records.

Producers Cooperative Association (the "Company") does not tolerate impaired performance due to substance use or abuse by its employees while on the job. The following is a summary of that policy. The policy in its entirety will be provided in the employee handbook at the time of hire, if applicable, or a copy of the full policy may be requested from the Human Resources Director.

It is unlawful for any employee to manufacture, distribute, dispense, possess or use illegal drugs in the workplace. Adherence to the employer's drug-free workplace policy is a condition of your employment. The employer will take appropriate disciplinary action against any employee found to violate the employer's drug-free workplace requirements, and it is the established policy of the employer that any conduct or performance, in its view, which interferes with or adversely affects employment, including working under the influence of alcohol, drugs, or other comparable substances, or the manufacture, dispensing, distribution, possession or use of illegal drugs in the workplace is prohibited and is sufficient grounds for disciplinary action ranging from oral or written warnings to suspension or immediate termination of employment, or to satisfactory completion of an approved drug rehabilitation program.

Employees will:

- Abide by the terms of this Company's drug and alcohol testing policy.
- Submit to required testing as applicable:
    - **Pre-Employment Testing**
    - **Reasonable Suspicion**
    - **Random Testing**
    - **Post-Accident Testing**
    - **Return-to-Duty**
    - **Follow Up Testing**
    - **Scheduled Periodic Testing**

The Company will, in accordance with state laws and DOT regulations, conduct drug and alcohol-testing which is required for all CDL drivers. CDL drivers will also be subject to random testing while they are employed with the Company.

An employee who refuses to consent and submit to a test when requested will be subject to disciplinary action including termination pursuant to the Company's discipline policy.

Additional information regarding authorized affiliated testing facility policies and procedures is available and can be obtained by contacting the Human Resources Director.

Producers Cooperative Association
Drug-Free Workplace Acknowledgement and Drug Test Consent Form

I acknowledge the receipt from Producers Cooperative Association ("the Company") of a copy of the DRUG-FREE WORKPLACE POLICY, and state that I have read and understand and agree to abide by the policy.

CONSENT FOR PRE-EMPLOYMENT, RANDOM, REASONABLE SUSPICION, POST-ACCIDENT, SAFETY SENSITIVE, SCHEDULED PERIODIC, OR FOLLOW UP DRUG TEST SCREEN AND RELEASE

I hereby CONSENT to allow the Company and its designated agents and representatives to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, reasonable suspicion, post-accident, safety sensitive, scheduled periodic or follow up drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against the Company, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS the Company, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

The language used in this consent form is not intended to create nor shall it be construed to constitute a contract of employment with any one or all of its employees. All employees shall retain the right to terminate their employment at any time and the Company has the same right.

Signature of applicant _____ Date _____

Print Name _____

Social Security Number _____

Producers Cooperative Association
FCRA Disclosure and Authorization

All applicants for employment: Please read carefully before signing below.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Producers Cooperative Association ("the Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record or any other status protected by law. The information provided by the applicant to perform a pre-employment background check is only used for the purpose of identifying the applicant so a check may be performed. By this document, the Company discloses to you that a consumer/investigative report containing information as to your character, general reputation, personal characteristics, prior employment, military record, education, credit worthiness, credit standing, credit capacity character, general reputation, motor vehicle records, personal characteristics, criminal background, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the Disclosure Regarding Background Investigation and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both of these documents.

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the Company and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security Number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citation and registration; and any other public records.

I authorize the Company the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I agree that a photocopy of this authorization can be accepted with the same authority as the original.

Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company. ☐

By signing below, I also acknowledge that pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Driver's License: _____

Present Address: _____

Signature of applicant: _____ Date: _____

If applicant is under 18 years of age:

Name of Parent or Legal Guardian (please print): _____

Signature of Parent or Legal Guardian: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies**:**
  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE
  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.
  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.
  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357