



Cattle Empire, LLC

Semi-Driver Application for Employment

Cattle Empire, LLC is an equal opportunity employer. Applicants are considered for positions without regard to their race, religion, sex, nation of origin, citizenship, disability, veteran status, sexual orientation, gender identity, marital status, genetic information, military service or any other consideration made unlawful by federal, state, or local laws.

Substance and Alcohol Testing is required of applicant driver if operating CDL equipment (GVWR 26,001# or greater).

How did you learn about us? Advertisement Friend Walk-In Employment Agency
 Relative Other _____

Personal Information

Name _____
Last First MI

Phone _____ Social Security Number _____

Address _____
Number Street City State Zip Code

Position

Position Desired _____ Salary Range _____ Available Start Date _____
Preferred Location: CE Yard 1 CE Yard 2 CE Yard 3 Empire Calf Ranch Empire Repair Services Brown Ent.

- A. Have you ever been employed by Cattle Empire, LLC or any of the related entities? Yes No
If yes, check the entity(s) employed by:
 Cattle Empire, LLC Empire Calf Ranch Brown Enterprises
 Empire Repair Services Santa Fe Trail Dairy
- B. Are you 21 years of age or older? Yes No
- C. If under the age of 21, can you produce the necessary work certificate at the time of employment? Yes No
- D. At the time of employment, are you able to submit verification of your legal right to work in the U.S.? Yes No
- E. Have you been convicted of a crime in the last ten years? Note: *Do not include convictions that were sealed, eradicated, erased, or expunged. If "yes" please explain so that individual circumstances can be considered. A conviction will not necessarily disqualify an applicant from a particular job.* Yes No
If yes please provide details _____
- F. Do you have any prior agreements or obligations that conflict with, or would prevent you from performing any of the duties of the job for which you are applying? (e.g. a non-compete agreement, confidentiality agreement, or court order) Yes No
- G. Have you had job-related training in the U.S. Military? Yes No
If yes, please describe _____

Qualifications, Employment History & Education

DRIVER'S LICENSE _____

State

License Number

Expiration Date

ACCIDENT RECORD List all traffic accidents in which you were involved, regardless of fault, for the last three years.

Date of Accident	What was the nature of the Accident (Head-On, Rear-End, Etc.)	Were there fatalities	DOT Recordable	Were there injuries	Preventable	Chargeable

TRAFFIC CONVICTIONS AND FORFITURES Please do not include parking violations.

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

Has any license, permit or privilege ever been suspended or revoked?

Yes No

If yes, please provide detail: _____

DRIVING EXPERIENCE Be specific.

Class of Equipment	Type (Van, Tank, Flat, Etc)	Date (From and To)	Approx. # of Total Miles
Straight Truck,			
Tractor & Semi Trailer			
Other			

List the states you have operated a Commercial Motor Vehicle in during the last five years:

EDUCATION

School/College Name _____ Location _____ Years Completed _____

Degree or Diploma Yes No

If you would like to include a resume, please attach to the application.

Add another sheet as necessary.

EMPLOYMENT EXPERIENCE

All driver applicants, to drive in interstate commerce, must provide the following information on all employers during the preceding three years. Applicants, to drive a commercial motor vehicle in intrastate and interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicles. Failure to list all previous employers for the preceding ten years, applicant will not be considered for employment. Failure to list telephone numbers for those employers will delay processing. List mailing address, street number, city, state and zip code. Please begin with your most recent position.

Employer _____ Dates of Service _____ Tel. # _____
Position _____ Salary _____ Reason for Leaving _____
Address _____ May we Contact them: [] Yes [] No

Reason for Leaving _____

- Was this employer subject to FMCSA? [] Yes [] No
Were You Subject to The FMCSR's While Employed? [] Yes [] No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and Alcohol Testing requirements of CFR Part 40? [] Yes [] No

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Applicant's Statement

I understand that should I be offered employment; I will be required to successfully meet the physical requirements of the specific job offer. This will be tested by an independent testing facility/medical care provider. By submitting this application, I acknowledge my agreement to the testing and also agree to fully and confidentially discuss any current or prior medical conditions or inquiries with the medical provider. I will also be required to successfully pass a drug screening. I understand that reasonable accommodation discussions may be requested.

I understand that if hired by Cattle Empire, LLC. or a related entity, I will be an employee at will. This means my employment with any division of Cattle Empire, LLC. may be terminated at any time at the option of the company or me, with or without cause.

I also understand that neither this application nor any communication by a management representative is intended to create or does in fact create a contract of employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I certify that I have provided information that, to the best of my knowledge, is truthful and accurate. I understand that deliberate falsifications or significant omissions will be grounds for denying or terminating employment with Cattle Empire, LLC. or any of its related entities.

I authorize you to make such investigations and inquiries per FMCSA Regulations stated in Subpart C - Background & Character and Subpart F Files & Records (391) necessary in arriving at an employment decision. I hereby release employers, health care providers and other persons from all liability in responding to inquiries and release information in connection with my application.

Applicant Signature

Date