

**FOR OFFICE USE ONLY:**

Name:
Position:
Phone:
Email:
Date:



**MEARS**  
**FERTILIZER, INC.**

# APPLICATION FOR EMPLOYMENT

629 North Industrial Road  
P.O. Box 1271  
El Dorado, KS 67042

**Phone:** (800) 345-9143  
**FAX:** (316) 321-9383  
**Email:** hr@mearsinc.com

**[www.mearsinc.com](http://www.mearsinc.com)**

**ⓘ Please type or print. Complete all sections even if accompanied by a resumé.**

## GENERAL INFORMATION

Full Name		Phone #		Email	
Address			City	State	Zipcode
How long at current address?	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	DL Number	DL State	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? If Yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No				

## JOB INFORMATION

Position(s) Desired		Salary Desired	Date Available to Work
Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you referred to us?

## WORK HISTORY

List present / most recent employer first. Go back 10 years and include any military service. If additional sheets are necessary, please attach.

Have you ever worked at Mears Fertilizer, Inc. before?  Yes  No If Yes, when? \_\_\_\_\_

Employer Name	Employer Address	Job Title	Supervisors Name
Job Duties			Employer Phone #
			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed From: To:	Salary Start: End:	Reason for Leaving / Wanting to Leave	
Did you operate a commercial motor vehicle for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Employed From: To:	Salary Start: End:	Reason for Leaving / Wanting to Leave	
Did you operate a commercial motor vehicle for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## WORK HISTORY (Cont.)

Employer Name	Employer Address	Job Title	Supervisors Name
Job Duties			Employer Phone #
			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed From: To:	Salary Start: End:	Reason for Leaving / Wanting to Leave	
<p>Did you operate a commercial motor vehicle for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

## RESIDENTIAL HISTORY

List all addresses at which you have resided in the last three (3) years.

Street	City	State	Zipcode	To	From

## DRIVER QUALIFICATIONS

Drivers License #	DL State	DOB	Expiration Date
Endorsements			

## DRIVING HISTORY

List traffic convictions and forfeitures for the past three (3) years (other than parking violations). If you haven't had any convictions in the past three (3) years, write NONE in the space provided.

Date	Location	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

Has your license, permit, or privilege to operate a motor vehicle ever been suspended or revoked?  Yes  No

**If you answered yes to either of the two previous questions, please explain below in detail:**

## DRIVING HISTORY (Cont.)

List all driving accidents for the past three (3) years.

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Any Fatalities?	Any Injuries

List commercial vehicles or equipment experience (i.e. trucks, buses, semi-trailers, truck tractors, full trailers, pole trailers, etc.)

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## EDUCATION

List all High School, College, Vocational or Business Schools attended.

Name of School	Location	Type of Course	Years Attended	Degree or Diploma

**Interests** List any specific skills / interests or courses you have completed, which would directly apply to the type of position(s) for which you are applying:

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## PLEASE READ CAREFULLY BEFORE SIGNING

I understand that any material misrepresentation, omission, or falsification of any information provided on this application, if discovered anytime during my employment, will be considered grounds for discharge.

I understand that neither the acceptance of this application, nor the granting of an interview creates, or is intended to create a contract or contract right between Mears and/or its subsidiaries and myself for the employment or any other benefit. No oral or written promise or guarantee of employment has been made, and I understand that no such promise or guarantee is binding upon Mears and/or its subsidiaries unless made in writing and signed by the President of the company or his designee. If an employment relationship is established, I agree to conform to the rules and regulations of Mears and/or its subsidiaries and recognize that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I hereby authorize the companies or persons named in the employment history portion of this application to furnish any information regarding me or my period of employment, whether or not it is in their records, personnel or otherwise, thereby releasing said companies or persons and Mears and/or its subsidiaries from all liability for damages whatsoever for issuing and obtaining this information.

I authorize the Company to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

It is understood that employment is subject to satisfactory completion of a physical examination, a drug screening urinalysis, and a check of my driving record at the time of employment, and at such other times as may be required by the company, in accordance with Part 391 of the Federal Motor Carrier Safety Regulations.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: (1) Review information provided by previous employers. (2) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer. (3) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

**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.**

**Applicant's Signature**

**Date**

You agree your electronic signature is the legal equivalent of your manual signature.