

**Commodity Blenders, Inc. and
Bruce A. Keener Trucking Inc.**

Application for Employment

Pre-employment
Questionnaire

Equal Opportunity
Employer

Personal Information

Name (Last Name First)			Date
Present Address	City	State	Zip Code
Former/ Permanent Address	City	State	Zip Code
Phone No.	Social Security No. --- ---	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Desired

Position Desired	Date You Can Start	Wage Required	Referred by:
Hours available to work	Monday	Tuesday	Wednesday
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Thursday	Friday	Saturday
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sunday	<input type="text"/>	
	<input type="text"/>		
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____ When: _____	

Former Employers: start with current or most recent

Date, Month & Yr.	Name & Address of Employer	Phone	Pay Rate	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					

Education

Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College or Trade School			

Driver's license number _____ State _____

Have you had any traffic violations during the last 3 years? Yes No

If yes please explain _____

Commodity Blenders, Inc. & Bruce A. Keener Trucking

Application for Employment

References

Name	Address	Phone Number	Business	Years Known

Authorization and Consent to Drug and Alcohol Testing

I certify that the facts contained in this application are True and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I understand that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with our without cause, It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing.

I, _____, hereby consent and willingly submit to drug and alcohol testing to be performed upon me as requested. I further understand that such testing will necessarily include urinalysis or a similar test to detect the use of drugs, alcohol, and/or controlled substances, and hereby authorize their treating personnel, management, agents, and/or employees to perform such tests. I further agree to release the results of the above-referenced urinalysis or other controlled substance testing to Commodity Blenders, Inc. through its authorized representative.

I recognize and acknowledge that the above-referenced urinalysis or similar controlled substance test may be performed (1) in association with my application for employment; (2) "for cause" when the company has reasonable suspicion to believe that I am under the influence of drugs or alcohol which are impairing my job performance; (3) on a random basis if in a safety-sensitive position; and (4) during the course of and for a period subsequent to my participation in a rehabilitation program. I further acknowledge that my submission to such appropriate testing is deemed by the Company to be a material condition of my continued at- will employment.

This consent form is effective from the date of my signature forward unless revoked by me in writing.

Date: _____ Signature _____

Date: _____ Witness: _____

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