



LESSORS, INC.

1056 Gemini Road • Eagan, MN 55122 • (651) 454-1202

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Date of Application _____

Positions(s) Applied For _____

Name _____ Social Security # _____

Last First Middle

Address _____

Street City

State Zip Phone

ADDRESS FOR PAST THREE YEARS

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

PERSONAL & PHYSICAL INFORMATION

Whom to contact in case of Emergency? Name: _____ Relationship _____

Address: _____ Telephone #: _____

Personal References

Name: _____ Address _____ Telephone# _____

Name: _____ Address _____ Telephone# _____

Name: _____ Address _____ Telephone# _____

Do you have any physical condition that may limit your ability to perform the job applied for? _____

If Yes what can be done to accommodate our limitation? _____

Are you physically capable of heavy manual work? _____ How much time lost from work in the last three years? _____

Would you be willing to take a physical examination? _____

EXPIRATION DATE OF LAST DOT PHYSICAL _____

EMPLOYMENT HISTORY

All applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent employer first. * Includes vehicles having a GVWR of 26,001 lbs. Or more.

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

Driving Record For The Past 3 Years or More (Attach Sheet If more Space Required)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (NOT PARKING)

LOCATION	DATE	CHARGE	PENALTY

Education

Circle Highest Grade Completed : 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended _____

Name _____ City _____ State _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate o a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	FROM	TO	APPROX. NO. OF MILES (TOTAL)

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

Have you ever been convicted of a felony within the last 7 years? Yes _____ No _____

If yes, explain _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (Other than those already shown)

**DRIVER NOTIFICATION AND RELEASE
TO BE READ AND SIGNED BY APPLICANT**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you 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. I hereby release employers, and schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record request made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me, which DAC has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information that DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribes to DAC services.

Pre-Employment Drug Testing Notification & Consent

I understand, as required by the federal Motor Carrier Safety Regulations, 49 CFR Part 391.103 and *LESSORS, INC.* company policy all prospective drivers must submit to a controlled substance test involving collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP)

I understand, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with *LESSORS, INC.'S* Medical Review Officer before any positive test result is reported to *LESSORS, INC.*

The result of the drug test will be maintained by the Medical Review Officer, who will report whether the test was negative or positive to *LESSORS, INC.*, and may also release the result to my examining physician in connection with my DOT required physical examination. The results will not be released to any additional parties without my written authorization.

I hereby agree to the terms above.

Applicant's Signature: _____ **Date:** _____

LESSORS, INC.
1056 - Gemini Road Eagan, MN 55122
1-800-233-1865
FAX 1-651-452-9510

Previous Employment / Work History

INFORMATION RELEASE AUTHORIZATION

The undersigned has applied for a driving position with LESSORS, INC. Eagan, MN. I hereby authorize you to release the information requested, including assessments of my past performance and information concerning the results of any controlled substance or alcohol testing, or any refusal to test, pursuant to FMCSR, 49 CFR, Part 382.403 and 382.413 while in your service. You are released from any and all liability which may result from the release of this information.

Date _____ Drivers Name _____

SSN _____ - _____ - _____ Drivers Signature _____

Company Name _____ Attn: _____ Phone: _____

Drivers Name _____ SS# _____ - _____ - _____ FAX: _____

Dates of Employment _____ to _____ Company driver Contractor Contractors driver Other

Tractor/Trlr Str. Trk. OTR Regional Local Van Reefer Flat Tank Dbl/Tpl 48' 53'

Reason for separation: Quit Dischg Other Rehire?: Yes No W/Review #Accidents: P _____ NP _____

Comments _____

Drug / Alcohol Information:

During the past two years, has this individual been subject to FMCSR, Part 382? Yes No, if "Yes", has he/she ever:

Tested positive for controlled substances _____ Yes _____ No

Had an alcohol test w/results greater than .04 _____ Yes _____ No

Ever refused a test required under FMCSR, Part 382 _____ Yes _____ No

Violated any part of the FMCSR, Part 382 regulations _____ Yes _____ No

Characteristics

Customer Service _____ Excellent Good Fair Poor

On-time delivery & Pick up _____ Excellent Good Fair Poor

Cooperative with dispatch _____ Excellent Good Fair Poor

Drivers logs _____ Excellent Good Fair Poor

Timely paperwork _____ Excellent Good Fair Poor

Safe / Efficient driver _____ Excellent Good Fair Poor

Prepared by: _____ Title _____ Date: _____

Telephone FAX Mail Date _____ BY _____