



Application for Employment

As an equal opportunity employer, our employment practices are in accordance with the laws that prohibit discrimination due to race, sex, sexual orientation, age, disability or national origin.

Please print plainly and complete all blanks

Name: _____ Social Security No.: _____
 First Middle Last

Are there any other names under which you have worked or attended School? _____

Present Address : _____ Phone: _____
 Street City State-Zip

Address for past Three Years(3): _____ Phone: _____

 Street City State-Zip

 Street City State-Zip

 Street City State-Zip

Referred By: _____

Date of Birth	Place of Birth	Citizenship

Have you had a Denial, Revocation or Suspension of any license, permit or privilege to operate a Motor Vehicle? _____

If answer to either question is yes, State circumstance and date: _____

Have you attended Tractor Trailer School _____ Which School? _____

Date Attended Tractor/Trailer School: _____

Have you ever failed or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? _____

1056 Gemini Road Eagan, MN 55121
Phone: 651-454-1202 Fax: 651-789-9274

EMPLOYMENT RECORD, Continued

(Continued from previous listing) Complete the following for ALL employers from the last three (3) years. List the following for Use supplementary sheet if necessary

Current Employer: Name _____ Supervisor _____

Address _____ Telephone _____
Street City State & Zip

Position Held _____ From _____ To _____ Number of states driven in _____

Type of Equipment Operated _____ Reason for leaving? _____

No. of Accidents _____ Please Explain _____

FMCSR? DOT Safety Sensitive ?

Second Last Employer: Name _____ Supervisor _____

Address _____ Telephone _____
Street City State & Zip

Position Held _____ From _____ To _____ Number of states driven in _____

Type of Equipment Operated _____ Reason for leaving? _____

No. of Accidents _____ Please Explain _____

FMCSR? DOT Safety Sensitive ?

Third Last Employer: Name _____ Supervisor _____

Address _____ Telephone _____
Street City State & Zip

Position Held _____ From _____ To _____ Number of states driven in _____

Type of Equipment Operated _____ Reason for leaving? _____

No. of Accidents _____ Please Explain _____

FMCSR? DOT Safety Sensitive ?

Fourth Last Employer: Name _____ Supervisor _____

Address _____ Telephone _____
Street City State & Zip

Position Held _____ From _____ To _____ Number of states driven in _____

Type of Equipment Operated _____ Reason for leaving? _____

No. of Accidents _____ Please Explain _____

FMCSR? DOT Safety Sensitive ?

If discharged from any job, please explain _____

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing all employers for 3 years including all full and part-time employment. All time must be accounted for including military service, self employment and periods of unemployment. Additionally list all employers for the preceding 7 years for which you operated a commercial motor vehicle. Please include all phone numbers.

Use supplementary sheet if necessary

Current Employer: Name _____ Supervisor _____

Are you presently employed? Yes _____ No _____ May we call your current employer? Yes _____ No _____

Address _____ Telephone _____
Street City State & Zip

Position Held _____ From _____ To _____ Number of states driven in _____

Type of Equipment Operated _____ Reason for leaving? _____

No. of Accidents _____ Please Explain _____

FMCSR? DOT Safety Sensitive ?

Second Last Employer: Name _____ Supervisor _____

Address _____ Telephone _____
Street City State & Zip

Position Held _____ From _____ To _____ Number of states driven in _____

Type of Equipment Operated _____ Reason for leaving? _____

No. of Accidents _____ Please Explain _____

FMCSR? DOT Safety Sensitive ?

Third Last Employer: Name _____ Supervisor _____

Address _____ Telephone _____
Street City State & Zip

Position Held _____ From _____ To _____ Number of states driven in _____

Type of Equipment Operated _____ Reason for leaving? _____

No. of Accidents _____ Please Explain _____

FMCSR? DOT Safety Sensitive ?

Fourth Last Employer: Name _____ Supervisor _____

Address _____ Telephone _____
Street City State & Zip

Position Held _____ From _____ To _____ Number of states driven in _____

Type of Equipment Operated _____ Reason for leaving? _____

No. of Accidents _____ Please Explain _____

FMCSR? DOT Safety Sensitive ?

If discharged from any job, please explain _____

LICENSE

List all drivers licenses held in past five (5) years.

State	License Number	Type	Expiration Date	Birth Date

Traffic Convictions and forfeitures for the past five years (if none, write none)
Truck and Car (other than parking violations)

Date	Location (State)	Charge	Penalty

Accident Record (if none, write none)

List all involvement with truck and car including property damage for past five years, including preventable and non-preventable

Date	Type Vehicle	Nature of Accident (head-on, rear-end, upset, etc.)	Indicate Preventable Or Non-preventable	Fatalities	Injuries	Towing

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.

Name: _____

Date: _____