

SL CONTRACTING, INC. & ROCHESTER SERVICE CO., INC.

2510 SCHUSTER LANE NW, ROCHESTER, MN 55901

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

APPLICANTS NAME _____ HOME _____
LAST FIRST MIDDLE CELL _____

ADDRESS _____
STREET CITY STATE ZIP

*If at the above residence less than three years, list below all residences for the past three years. Attach separate sheet in necessary.

ADDRESS(ES) FOR PAST THREE YEARS

_____ HOW LONG _____
STREET CITY STATE / ZIP

_____ HOW LONG _____
STREET CITY STATE / ZIP

POSITION DESIRED _____ DATE YOU CAN START _____ Full time ___ Part time ___

Who Referred You? _____ Desired Salary _____

Have you ever worked for this company before? _____ Dates: From _____ To: _____

Where? _____ Salary _____ Position _____

Reason for leaving _____

Name of any relatives employed by this company _____

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

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School Attended _____

MILITRY EXPERIENCE

Have you ever served in the Armed Forces? Yes No If yes, which Branch _____

Describe any military training received relevant to the position for which you are applying _____

Are you currently serving in Military Reserves/National Guard: Yes No

GENERAL

Have you ever been bonded _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

** If yes, please explain above. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all drivers applicant state their date of birth and SSN

Date of Birth _____

SSN _____

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all drivers applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes No

ALCOHOL & CONTROLLED SUBSTANCE STATEMENT

The Federal Motor carrier Safety Regulations 49CFR40.25 (j) requires all persons with applying for a driving position requiring a commercial driver’s license to answer the following questions:

1. Within the last 2 years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work?
2. Within the last 2 years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer to which you performed safety-sensitive transportation work?
3. If you answered yes to either 1 or 2 about, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Applicants Signature _____ Date _____

Witnessed By _____ Date _____

DRIVER’S LICENSE INFORMATION

- Drivers licenses held in the past 3 years must be shown

State	License#	Type	Expiration Date

- a. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 - b. Has any license, permit or privilege ever been suspended or revoked?
 - c. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
- * If answered “Yes” to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates (From-To)	Approx. Miles
Straight Truck			
Tractor & Semi-Trailer			
Twin			
Other			

List states operated in during the last five years _____

List special courses or training that will help you as a driver _____

List safe driving awards held and who awards were presented by _____

Accident History

Date	Nature of Accident	#Fatalities	#Injuries	#Vehicle Towed	Citation Issued

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Conviction and Forfeitures for the past 3 years other than parking violations

Date	Location	Charge	Penalty

Employment Record

The Federal Motor Carrier Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last 3 years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional 7 years for a total of 10 yrs. Any gaps in employment must be explained.

CURRENT/LAST EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

NEXT EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

NEXT EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

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ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

NEXT EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agent may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant release employers and other persons named herein from all liability for any damage on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of tasks that are pertinent to this job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Applicant's Signature _____ Date _____

FOR OFFICE USE – DO NOT WRITE IN THIS SPACE
PROCESS RECORD

Applicant Hired Yes No Date of Birth _____
Date Employed _____ Point Employed _____
Department _____ Classification _____

	Superior	Good	Fair	Below Average	Poor
Application					
Interview					
Physical Exam					
Past Employment					
Written Exam					
Records					

SL **Contracting, Inc.**

We dig for our business!

TO FORMER EMPLOYER/QUALIFIER Date: _____

NAME: _____ PHONE: _____

ADDRESS: _____ NAMES OF PERSON PROVIDING INFORMATION

CITY & STATE: _____
