



14551 Lake Drive
 Columbus, MN 55025
 Phone (651) 464-6802
 Fax (651) 464-8456
www.npainc.net

Date _____

EMPLOYMENT APPLICATION FOR DRIVER
****EMPLOYMENT IS CONTINGENT UPON A DRUG TEST****

North Pine Aggregate, Inc is an Equal Opportunity Institution & EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, disability, familial status or any other protected group status.

Position(s) Applying for:				
Last Name		First Name		MI
Current Address		City	State	Zip
Home Telephone		Mobile	Email	
Yes	No	Have you worked for this company before? If yes, dates _____		

Reason for leaving _____

How did you learn about our company? _____

If Referral by who? _____

Yes	No	Do you possess a valid driver's license?			
Yes	No	Do you have the legal right to work in the United States?			
EDUCATION					
Name and Location of High School, College, University and Technical Schools		Did you Graduate?		Degree or Certificate	Major or Subject
		Yes	No		
		Yes	No		
		Yes	No		

MILITARY STATUS				
Yes	No	Have you served in the US Armed Forces?		
Branch			Date	

EMPLOYMENT HISTORY

List employers starting with the most recent. Add another sheet as necessary.

Driver Applicants must provide the following information on all employers during the preceding 3 years.

PRESENT OR MOST RECENT EMPLOYER				DATE	
Company Name				From	To
Address		City		State	Zip
Contact Person		Phone Number		Reason for leaving	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?					
May we contact this employer?		Yes	No	If no, please explain	
Position Held/Job Duties					

Company Name				From	To
Address		City		State	Zip
Contact Person		Phone Number		Reason for leaving	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?					
May we contact this employer?		Yes	No	If no, please explain	
Position Held/Job Duties					

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Company Name				From	To
Address		City		State	Zip
Contact Person		Phone Number		Reason for leaving	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?					
May we contact this employer?		Yes	No	If no, please explain	
Position Held/Job Duties					

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses held in past 3 years must be shown	State	License Number	Class	Endorsement(s)	Expiration Date

Date of Birth (Required for Commercial Drivers) ___/___/___ Can you provide proof of age? _____

Have you ever been convicted of a felony?

Yes	No
Yes	No
Yes	No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Has any license, permit or privilege ever been suspended or revoked?

IF THE ANSWER TO ANY OF THE QUESTIONS IS YES, GIVE DETAILS,

DRIVING EXPERIENCE if none, write NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES From (M/Y) TO (M/Y)	Approx # of Miles (TOTAL)
Straight Truck			
Tractor and Semi-Trailer			
Tractor - Two Trailers			
Motorcoach-School Bus			
Other			

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?

ACCIDENT RECORD for past 3 years (attach sheet if needed) if none, write NONE

Dates	Nature of Accident (Head-On, Rear-End)	Injuries	Fatalities	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES for past 3 years (other than parking violations) if none, write NONE

Location	Date	Charge	Penalty

In accordance with the provisions of section 604(b)(2)(A) of the Fair Credit Reporting Act, Public law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained for employment purposes. These reports are required by section 40.25, 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

I here by authorize any party, state or agency contacted by North Pine Aggregate, Inc, to furninsh the above mentioned information.

Name: (First, Middle, Last)

Date of Birth:

Social Security Number:

Drivers License Number:

State for Drivers License

Signature

EXPERIENCE AND QUALIFICATIONS

Please write the years of experience or training if they apply to the position you are applying for:

Heavy Equipment _____ Labor _____ Demolition _____

Asbestor Worker _____ Confined Space _____ HazMat 40 Hr _____

HazWoper 40 Hr _____ MSHA _____ OSHA 10 & or 30 _____

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

List types of equipment you can operate and years of experience:

REFERENCES

Please provide three references who are not related to you

Name	Present Address	Phone

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from all liability in responding to inquiries and releasing information 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.

Signature _____

Date _____

DRIVER APPLICANT ONLY

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:

*Review information provided by previous employers;

*Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer and

*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.

Signature _____

Date _____



North Pine Aggregate, Inc.

An Equal Opportunity, Affirmative Action Employer

Applicant Survey Form

Last name	First name	Middle initial(s)
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Date	Position(s) for which you are applying
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Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity – Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with a disability?

- Yes
- No

Sex – Select one

- Female
- Male

* This form is *not used for employment decisions*, applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other protected group status.

Title II of the Americans with Disabilities Act of 1990 prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training and other terms, conditions and privileges of employment.

North Pine Aggregate, will not discriminate on the basis of disability in our hiring or employment practices. North Pine will comply with the regulations set by the U.S. Equal Employment Opportunity Commission under title I of the ADA.