



13792 - 247th Avenue NW
Zimmerman, MN 55398

Phone: 763-274-0925
Fax: 763-274-0928

Application for Employment - Drivers/Operators

Date: _____
Name: _____ Social Security#: _____
Address: _____ Date of Birth: _____
_____ Phone: _____

Do you have lawful proof you can work in the US? Yes/No
Have you ever worked under another name? Yes/No
If yes please list name: _____

Please list current licenses, certifications, and/or registrations.

Do you have a valid Drivers License? Yes/No Class: _____
License # _____ State _____ Expiration Date: _____

Have you been convicted of or pleaded guilty to an offence greater than a traffic ticket?
Yes/No

If yes please provide dates of each instance and nature of each offence: _____

If more space is needed attach addition sheets. (A conviction record will not necessarily disqualify applicant.)

Is there anything else you wish to tell us regarding your driving record? _____

Do you currently have a DOT Physical? Yes/No Expiration Date: _____

Have you ever tested positive for an employer drug test? Yes/No

Education History: Please check the levels completed

- Elementary
- High School
- College/Tech School
 - 1 year
 - 2 years
 - 3 years
 - 4 years

Degree Earned? _____

Name of College or Vo. Tech Attended?

Availability?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM:							
TO:							

What is your desired pay? \$ _____/hr **Are you Available for Overtime?** Yes/No

Have you ever driven truck, delivered roll-offs, loaded trucks, hauled aggregate, hauled equipment or worked directly with customers? Yes/No

If yes, explain experience: _____

Have you worked in any of the following industries?

Excavating	Yes/No	Snowplowing	Yes/No
Septic Systems	Yes/No	Rolloff/Dumpsters	Yes/No

On a scale of 1-5 rate your operating knowledge of the following equipment:

	I have not operated this equipment			I have a lot of experience with this equipment	
Excavator	1	2	3	4	5
Skid Loader	1	2	3	4	5
Front-End Loader	1	2	3	4	5
Dozer	1	2	3	4	5
Loading equipment on trailer	1	2	3	4	5

Have you ever performed maintenance/mechanical work on the following equipment?

Excavator	Yes/No	Type of work done: _____
Skid Loader	Yes/No	Type of work done: _____
Front-End Loader	Yes/No	Type of work done: _____
Dozer	Yes/No	Type of work done: _____
Pickup Trucks	Yes/No	Type of work done: _____
Diesel Engines	Yes/No	Type of work done: _____

**Describe any special qualities or skills and a brief description about yourself.
(Use extra paper if needed.)**

Previous Employment:

1. **Most Recent Previous/Current Employer:** _____

Start date: _____ End date: _____

Address: _____

Phone: _____ Manager Name: _____

Are you on leave of absence or have you been laid off from this company?
Yes/No

2. **Previous Employer:** _____

Start date: _____ End date: _____

Address: _____

Phone: _____ Manager Name: _____

Can we contact your previous employers? Yes/No

If no why? _____

Are you eligible for recall to any other company?

Yes/No

If Yes, what company? _____

References:

Please list three (2) references: they can be personal or work related, NO Relatives please.

1. Name: _____

Phone: _____

How long have you known them: _____

Relationship to reference: _____

2. Name: _____

Phone: _____

How long have you know them: _____

Relationship to reference: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name: _____

Phone: _____

Relationship to contact: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered, subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

Signature _____

Date _____