

DRIVERS APPLICATION FOR EMPLOYMENT

NORTHWEST ASPHALT, INC

1451 STAGECOACH ROAD

SHAKOPEE, MN 55379

952-445-1003 phone 952-445-1056 fax

This employer requires a pre-employment physical and drug test

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 non job related disability.

Position(s) Applied for: _____

_____ Date of Application

Name _____

Last

First

Middle

_____ Who referred you?

_____ Phone Number

_____ Alternate Phone Number

List your address of residency for past three years.

Current Address

_____ Street Address

How long? _____

_____ City

_____ State

_____ Zip Code

Previous Address

_____ Street Address

How long? _____

_____ City

_____ State

_____ Zip Code

Do you have the legal right to work in the United States? _____ YES _____ NO

Have you worked for this company before? _____ YES _____ NO

If answered yes above, from: _____ to: _____

Reason for leaving: _____

Are you employed currently? _____ YES _____ NO

Is there any reason you might be unable to perform the functions of the job for which you have applied...
(as described in the attached job description)?

If yes, explain if you wish. _____

Employment History

Fill in completely (Begin with most present or last job)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle. (Add another sheet if necessary.)

_____ Employer	_____ Position	_____ Reason for leaving	
_____ Address	_____ Brief description of job duties		
_____ City, State, Zip	_____ Contact Name	_____ Phone Number	_____ May we contact your previous employer
Start Date _____	End Date _____	Ending Wage _____	

_____ Employer	_____ Position	_____ Reason for leaving	
_____ Address	_____ Brief description of job duties		
_____ City, State, Zip	_____ Contact Name	_____ Phone Number	_____ May we contact your previous employer
Start Date _____	End Date _____	Ending Wage _____	

_____ Employer	_____ Position	_____ Reason for leaving	
_____ Address	_____ Brief description of job duties		
_____ City, State, Zip	_____ Contact Name	_____ Phone Number	_____ May we contact your previous employer
Start Date _____	End Date _____	Ending Wage _____	

_____ Employer	_____ Position	_____ Reason for leaving	
_____ Address	_____ Brief description of job duties		
_____ City, State, Zip	_____ Contact Name	_____ Phone Number	_____ May we contact your previous employer
Start Date _____	End Date _____	Ending Wage _____	

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

	DATES (Example - January 4, 2006)	NATURE OF ACCIDENT (Example - Head-On, Rear-End, Upset, Etc)	FATALITIES	INJURIES
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS - DRIVER

STATE ISSUED	LICENSE NUMBER	TYPE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE: IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Examples - Van, Tank, Flat, Etc)	FROM	DATES	TO	APPROX. NO OF MILES (TOTAL)
Straight Truck	_____	_____	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____	_____	_____
Tractor/Two Trailers	_____	_____	_____	_____	_____
Motorcoach- Schoolbus	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Do you have any tanker or Hazmat endorsements? _____ YES _____ NO

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

Has your license, permit or privilege ever been suspended or revoked? _____

List states operated in for last five years _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH

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 INQUIRES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED.)

I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS 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 of Applicant

Date

THIS SECTION TO BE FILLED IN RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

DEPARTMENT RELEASED FROM _____

DISMISSED _____

VOLUNTARILY QUIT _____

OTHER _____

TERMINATION REPORT PLACED IN FILE _____

SUPERVISOR _____

Applicant Survey Form

Last Name

First Name

Middle Initial

Date

Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to the 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 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 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

NOTE *This form is not used for employment decisions. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some manner.