



Date \_\_\_\_\_

### EMPLOYMENT APPLICATION

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, veteran status, non-job-related disability, or any other protected group status.

Position(s) Applying for					
Last Name		First Name	Middle Initial	Social Security	
Current Address		City	State	Zip	Dates
Previous Address (If above residence is less than 3 years)		City	State	Zip	Dates
Previous Address (If above residence is less than 3 years)		City	State	Zip	Dates
Home Phone Number		Mobile		Email	

Yes No Have you ever filed an application with us before?

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 \_\_\_\_\_

Rate of pay expected \_\_\_\_\_ Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Yes No If you are under 18 years of age, can you provide the required proof of your eligibility to work?

Yes No Do you possess a valid driver's license?

Yes No Do you have the legal right to work in the United States?

Yes No Is there any reason you might be unable to perform the functions of the job for which you have Applied?

If yes, explain if you wish \_\_\_\_\_

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

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years for a **total of 10 years** information on those employers for whom the applicant operated such vehicle.

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

PRESENT OR MOST RECENT EMPLOYER				DATE	
Company Name				FROM: MO / YR	TO: MO / YR
Address			City	State	Zip
Contact Person				Phone Number	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?				Yes	No
Reason for Leaving					
I was subject to FMCSR rules while employed at this company	YES	NO	My job was designated as a safety sensitive subject to 49 CFR Part 40	YES	NO
May we contact this employer? Yes No If no, please explain.					
Position Held/Job Duties					

PAST EMPLOYER				DATE	
Company Name				FROM: MO / YR	TO: MO / YR
Address			City	State	Zip
Contact Person				Phone Number	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?				Yes	No
Reason for Leaving					
I was subject to FMCSR rules while employed at this company	YES	NO	My job was designated as a safety sensitive subject to 49 CFR Part 40	YES	NO
May we contact this employer? Yes No If no, please explain.					
Position Held/Job Duties					

PAST EMPLOYER				DATE	
Company Name				FROM: MO / YR	TO: MO / YR
Address			City	State	Zip
Contact Person				Phone Number	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?				Yes	No
Reason for Leaving					
I was subject to FMCSR rules while employed at this company	YES	NO	My job was designated as a safety sensitive subject to 49 CFR Part 40	YES	NO
May we contact this employer? Yes No If no, please explain.					
Position Held/Job Duties					

PAST EMPLOYER				DATE	
Company Name				FROM: MO / YR	TO: MO / YR
Address	City	State	Zip	Position Held	
Contact Person	Phone Number			Salary/Wage	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?				Yes	No
Reason for Leaving					
I was subject to FMCSR rules while employed at this company	YES	NO	My job was designated as a safety sensitive subject to 49 CFR Part 40	YES	NO
May we contact this employer? Yes No If no, please explain.					
Position Held/Job Duties					

PAST EMPLOYER				DATE	
Company Name				FROM: MO / YR	TO: MO / YR
Address	City	State	Zip	Position Held	
Contact Person	Phone Number			Salary/Wage	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?				Yes	No
Reason for Leaving					
I was subject to FMCSR rules while employed at this company	YES	NO	My job was designated as a safety sensitive subject to 49 CFR Part 40	YES	NO
May we contact this employer? Yes No If no, please explain.					
Position Held/Job Duties					

PAST EMPLOYER				DATE	
Company Name				FROM: MO / YR	TO: MO / YR
Address	City	State	Zip	Position Held	
Contact Person	Phone Number			Salary/Wage	
DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?				Yes	No
Reason for Leaving					
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DRIVER APPLICANTS: Did you drive a vehicle requiring a CDL?				Yes	No
Reason for Leaving					
I was subject to FMCSR rules while employed at this company	YES	NO	My job was designated as a safety sensitive subject to 49 CFR Part 40	YES	NO
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 No.	Class	Endorsement(s)	Expiration Date

Date of birth (Required for commercial drivers) \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Date the CDL (Commercial A, B or C) License was first obtained \_\_\_\_/\_\_\_\_/\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes\_\_\_\_ No\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes\_\_\_\_ No\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE** if none, write **NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX NO OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STARIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

List states operated in for the 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 more space is needed) if none, write **NONE**

DATES	NATURE OF ACCIDENT (Head-on, Rear-End, Etc.)	INJURIES	FATALITIES	HAZARDOUS MATERIAL SPILL

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

LOCATION	DATE	CHARGE	PENALTY	Vehicle - CMV or Personal

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS**

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

\_\_\_\_\_ Demolition \_\_\_\_\_ Heavy Equipment \_\_\_\_\_ Labor

\_\_\_\_\_ Asbestos Worker \_\_\_\_\_ Confined Space \_\_\_\_\_ HazMat 40 Hour

\_\_\_\_\_ HazW oper 40 Hour \_\_\_\_\_ OSHA 10 or OSHA 30 \_\_\_\_\_ Other \_\_\_\_\_

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

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

**REFERENCES**

Please provide three references who are not related to you.

Name	Present Address	Phone

**TO BE READ AND SIGNED BY APPLICANT**

***Note: Previous employer(s) may be contacted, and information provided may be used to investigate the applicant's background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.***

(i)(1)(i) The right to review information provided by previous employers;  
(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (For a more detailed explanation of the driver's rights please see FMCSR 391.23)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **Minnesota Roadway Company** to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

I am aware that a consumer report (motor vehicle record) will be obtained on me in the course of consideration for employment.

I hereby authorize, without reservation, any party, state, or agency contacted by Minnesota Roadways Co., to furnish the above-mentioned information. I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NH-10

# MINNESOTA ROADWAY COMPANY

4370 Valley Industrial Blvd. South, Shakopee, MN 55379

Location: Shakopee, MN

## EMPLOYEE AUTHORIZATION AND COMPANY REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

(§382.413, §383.35, §390.15, §391.23)

**\*\* REQUESTS FOR INFORMATION ARE TO ALL PREVIOUS EMPLOYERS IS MANDATORY PER FMCSR FOR THIS APPLICANT. RESPOND TO THIS REQUEST FOR INFORMATION WITHIN 30 DAYS. FAILURE TO COMPLY WITH REQUEST IS IN VIOLATION OF 49CFR391.23 AND 40.25, FOR WHICH YOU MAY BE PROSECUTED.**

I hereby authorize you to provide Minnesota Roadway Company with the following information regarding my Alcohol and Controlled Substances Testing results, services, character, and conduct while in your employ. You are released from any and all liability, which may result from furnishing such information. A photocopy of this authorization is to be considered as valid as the original.

\_\_\_\_\_  
Applicant signature \_\_\_\_\_  
Date

To: \_\_\_\_\_ From: **Minnesota Roadway Company**  
**Attn: Carol Braun**  
\_\_\_\_\_  
**4370 Valley Industrial Blvd. South**  
\_\_\_\_\_  
**Shakopee, MN 55379**

FAX # \_\_\_\_\_ Return FAX# \_\_\_\_\_

**Applicant name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

The above referenced individual has made application to **Minnesota Roadway Company**, as a company driver. To comply with §382.413, §390.15; §391.23, and §383.35 of the Federal Motor Carrier Safety Regulations, we must investigate the employment record, accidents and Alcohol and Controlled Substance Testing record of the applicant. Your reply will be held in strict confidence

**\*Did the applicant work for you as \_\_\_\_\_?** From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
**\*\*YES  NO  (check one) if NO, please explain \_\_\_\_\_**

**\*Did applicant drive a motor vehicle(s) for you? YES  NO**   
(check one)  Passenger Van  Bus  Straight Truck  Tractor-Trailer Other: \_\_\_\_\_

**\*Was applicant involved in any accidents? (check one) YES  NO  IF yes, please provide a short description of accident(s) w/ dates \_\_\_\_\_.**

**\*Reason for leaving your employ:  Discharged  Laid Off  Resigned  Other \_\_\_\_\_**

**\*Would you rehire this employee at a later date? (check one) YES  NO**

### INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION DURING THE PAST 3 YEARS-(by past employer)

Information about the above named applicant	YES	NO	IF YES, PLEASE PROVIDE DATE:
*Alcohol test with a result of 0.04 or greater?	<input type="checkbox"/>	<input type="checkbox"/>	
* Verified positive controlled substances test results?	<input type="checkbox"/>	<input type="checkbox"/>	
*Refusals to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	
*Was rehabilitation completed as required?	<input type="checkbox"/>	<input type="checkbox"/>	

Our company did not complete Drug and Alcohol testing per FMCSA DOT – Part 40 and 382 requirements; during the past 3 years, on this former employee

If you answered yes to any of the above questions, please provide the name, address and telephone number of the Substance Abuse Professional on the back of this form. Also, please use the back of the form for any additional information you would like to provide.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

#### To be completed by the present employer after completion by previous employer

Minnesota Roadway representative (name/date) that closed this background check is	<u>Carol Braun</u>	on _____
<input type="checkbox"/> Minnesota Roadway Company received and closed this background check – form needs to include signature and date from previous employer completed above.		
<input type="checkbox"/> After "good faith effort" by Minnesota Roadway Company this form was not received from the previous employer. (include documentation showing attempts)		



**INSTRUCTIONS**  
PLEASE READ ALL INSTRUCTION CAREFULLY BEFORE COMPLETING THIS FORM

Minnesota Roadways Co. is an Equal Opportunity Employer. Our employment decisions are made without regard for race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee EEO Self-Identification Form is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms of your employment. This form will be used for EEO reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. If you choose not to self-identify your race/ethnicity at this time, the federal government requires Minnesota Roadways Co. to determine this information by visual survey and/or other available information.

**REQUIRED INFORMATION (please print)**

Date Completed : \_\_\_\_\_

Name : \_\_\_\_\_ Job Title : \_\_\_\_\_

**VOLUNTARY GENDER INFORMATION (please select one)**

Gender

Female

Male

I do not wish to self-identify

**VOLUNTARY RACE/ETHNICITY INFORMATION (please select one)**

Race/Ethnicity

Hispanic or Latino: A person of Cuban, Puerto Rican, South or Central American, or Spanish culture or origin regardless of race.

White: A person having origins in any of the original people of Europe, the Middle East or North America.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native: A person having origins in any of the original peoples of North or South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races: All persons who identify with more than one of the above races.

I do not wish to disclose.