

DRIVER'S EMPLOYMENT APPLICATION

Buskerud Construction Inc.

24653 475TH Avenue

PO Box 187

Dell Rapids SD 57022

Phone: (605) 428-5483 / Fax: (605) 428-5484

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. I understand that the 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: (1) Review information provided by previous employers; (2) 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 (3) 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 of Applicant _____

Date _____

(Answer all questions completely – please print)

Name _____ Phone () _____
First Middle Last

*Current Address _____
Street City State Zip Code

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

Previous Addresses:

Street City State/Zip Code How Long? _____

Street City State/Zip Code How Long? _____

Street City State/Zip Code How Long? _____

In case of emergency notify _____ Phone () _____
Name

Address _____ City State Zip Code

Position or type of work applying for _____ Full-Time _____ Temp/Part-Time _____ Summer _____

Date available _____ Wage or salary acceptable _____

Are you willing to work on projects out of town? Yes _____ No _____ Referred by _____

Have you worked for this company before? _____ Dates: From _____ To _____ Position _____
month/year month/year

Reason for leaving _____

Names of any relatives employed by this company _____

Family Doctor _____ Phone Number _____

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

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

Last school attended _____
Name Address

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? _____ Yes _____ No
(Proof of citizenship or immigration status may be required upon employment)

EMPLOYMENT HISTORY

The U.S. Department of Transportation requires that driver applicants show **all employment** for the past three years. Effective July 1987, they must also show commercial driver employment for the seven years immediately preceding this three-year period. §391.21 (b)(10), (11). Please complete an additional sheet if required.

Start with the **last or current** position, including military experience, and work back. A complete mailing address is required.

COMPANY	DATE			
ADDRESS	FROM MO.	YR	TO MO.	YR
CITY	STATE	ZIP CODE		
SUPERVISOR	PHONE NUMBER			POSITION HELD/DUTIES
REASON FOR LEAVING	SALARY/WAGE			
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more; (2) is designed or used to transport 9 or more passengers; or (3) is transporting hazardous materials in quantities requiring the vehicle to be placarded.

DRIVER QUALIFICATIONS & EXPERIENCE

(Answer questions in this section only if applying for a driver position)

Date of Birth _____ (month/day/year) Social Security Number _____
 (The U.S. Department of Transportation requires that driver applicants state their date of birth §391.2(b)(2).)

Licenses

Driver Licenses held in the past 3 years must be shown.	State	License Number	Type	Expiration Date

- 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 _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "yes" to A, B or C attach a statement giving details.

Driving Experience
 (If none, write none)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Number of Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
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 whom the awards were presented by _____

Accident Review for the past 3 years (Attach a separate sheet of paper if more space is needed)
 (If none, write none.)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
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

OTHER QUALIFICATIONS & EXPERIENCE

List any trucking, transportation, or other experience that may help in your work for this company.

List courses and/or training other than shown elsewhere in the application.

List any special equipment, technical matters or machines you can work with other than those already listed.

APPLICANT MUST READ AND SIGN

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. Any false information I have given may be considered sufficient cause for discharge.

All applicants for employment will be required, as part of the application process and in addition to all other preconditions to employment determined to be applicable by the company, to submit to a drug test at company expense.

It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of 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 performing tasks which are pertinent to the 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, general 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.

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

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.

I understand that this application is not a contract of employment and that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the company is terminable-at-will. Any changes in this employment relationship must be made in writing.

_____ Date

_____ Applicant's Signature

**APPLICATION VOID AFTER 60 DAYS
PRE-EMPLOYMENT DRUG SCREEN REQUIRED
EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER**

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Applicant hired? Yes _____ No _____

Date Employed _____

Department _____

Salary/Wage _____

(If not hired, a summary report of reasons should be placed in file.)

THIS SECTION TO BE COMPLETED BY 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 CONV.						

Signature of Interview officer _____

Date _____

Medical questions can only be asked after a conditional offer of employment has been made.