

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	

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*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
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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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS - DRIVER

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

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)
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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 _____