

APPLICATION FOR EMPLOYMENT (DRIVER)

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER
PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

NAME: _____
Last First Middle

ADDRESS: _____
Street Number City State Zip

PREVIOUS ADDRESS: _____
Street Number City State Zip

Telephone Number _____ Social Security Number _____ Position Sought _____

Wage/Salary _____
 Desired: \$ _____ /hr
 Full-time? _____ Part-time? _____
 Temporary? _____
 Check Shifts for which you are available:
 Day _____ Night _____ All _____

Identify relevant skills or training you have or equipment you can operate (please complete last page if driver):

Have you been employed with or applied for employment with this Company before? Yes _____ No _____
 Are you over 18? _____ Yes _____ No _____
 Are you over 16? _____ Yes _____ No _____

Were you referred here? How? _____

List the names of any friends or relatives who work for the Company:
 Name _____ Relationship _____
 Name _____ Relationship _____

PERSONAL REFERENCES:

Name	Address	Telephone #	Relationship	Occupation
1.				
2.				
3.				

EDUCATION:

Institution Name	Address	Years Complete (Circle)				Degree
High School:		9	10	11	12	
College:		1	2	3	4	
Graduate:		1	2	3	4	
Other:		1	2	3	4	

Only US Citizens or aliens who have a legal right to work in the US are eligible for employment. Can you, upon Employment, submit documentation on your identity and your legal right to work in the US?
_____ Yes _____ No

EMPLOYMENT HISTORY: List all positions held starting with the most recent. The DOT requires that employment for at least 3 years and/or commercial driving experience for past 10 years be shown. Use additional pages if needed.

Employer Name/Address	Dates of Employment	Other Information
Name: _____	From: _____ To: _____	Duties: _____
Address: _____	Salary: _____	Reason Left: _____
Telephone: _____	Job Title: _____	Supervisor: _____
Name: _____	From: _____ To: _____	May we Contact? _____
Address: _____	Salary: _____	Duties: _____
Telephone: _____	Job Title: _____	Reason Left: _____
Name: _____	From: _____ To: _____	Supervisor: _____
Address: _____	Salary: _____	May we Contact? _____
Telephone: _____	Job Title: _____	Duties: _____
Name: _____	From: _____ To: _____	Reason Left: _____
Address: _____	Salary: _____	Supervisor: _____
Telephone: _____	Job Title: _____	May we Contact? _____
Name: _____	From: _____ To: _____	Duties: _____
Address: _____	Salary: _____	Reason Left: _____
Telephone: _____	Job Title: _____	Supervisor: _____
Name: _____	From: _____ To: _____	May we Contact? _____
Address: _____	Salary: _____	Duties: _____
Telephone: _____	Job Title: _____	Reason Left: _____
Name: _____	From: _____ To: _____	Supervisor: _____
Address: _____	Salary: _____	May we Contact? _____
Telephone: _____	Job Title: _____	Duties: _____
Name: _____	From: _____ To: _____	Reason Left: _____
Address: _____	Salary: _____	Supervisor: _____
Telephone: _____	Job Title: _____	May we Contact? _____

Have you ever been a defendant in a civil action for an intentional tort? _____ Yes _____ No
 If YES, please state the circumstances, including a description of the nature of the intentional tort, the date that it was allegedly committed and the disposition of the action (please ask for additional paper if you need more space).

Have you ever been convicted of a crime, had adjudication withheld, or plead no contest? _____ Yes _____ No
 If YES, please state the type of crime and the circumstances with regard to each, including date of the conviction or plea and the penalty, if any, imposed by the court (please ask for additional paper if you need more space).

NOTE: Answering YES to any of these questions may not necessarily disqualify you from the position you desire. Each action and Explanation will be weighted/considered in relationship to the position for which you are applying.

Experience and Qualifications – Driver

Driver Licenses	State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

Accident Record for Past 3 Years or More (Attach sheet if more space is needed)

	Dates	Nature of Accident (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)

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No
 Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE PROVIDE DETAILS BELOW:

I attest to the truthfulness of any and all information and answers provided above. Any false or misleading statements will be grounds for denial of employment or discharge. I understand that the company will be checking into my references and employment background. I authorize the company to do so and release from liability anyone giving or obtaining such background information. This application does not constitute a contract of employment or an indication that any jobs are available. Any employment with the Company is at-will, meaning the employer or employee can end the employment relationship at any time for any or no reason and with or without notice. My signature below verifies that I have read and understand the foregoing statements.

Signature: _____ Date: _____

FOR ALL YOUR GARBAGE NEEDS
RICHARD'S LLC

SANITATION

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