

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____ Date: _____
(print)

Company: Mark J Traut Wells Inc
141 28th Ave South
Waite Park, MN 56387

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.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, driving, 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, consumer reporters 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.

I understand that 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 consumer reports will be requested regarding my driving record. I understand that I have the right to:

- Read information provided by previous employers;
- 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
- 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: _____ Date: _____

FOR COMPANY USE

Driving Record Requested by Manager: _____

Driving Record ok? **Yes** **No** Send Letter: ☐ Letter Sent: ☐

Interviewed by: _____ Hired: ☐ Rejected: ☐

APPLICANT TO COMPLETE (Please print)

Position(s) Applied For:

☐ Driller Asst. ☐ Pump Tech. ☐ Service Tech. ☐ Lab Tech. ☐ Lawn Irrigation Tech.

Name: _____ Social Security #: _____

List your addresses of residency for the past 3 years.

Current Address: _____

How Long? _____ Phone #: _____ Mobile #: _____

Previous Address: _____ How Long? _____

Previous Address: _____ How Long? _____

Previous Address: _____ How Long? _____

Do you have a legal right to work in the United States? _____

Date of Birth: ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ When? _____

Reason for leaving? _____

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

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied, as described in the job description? _____

If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle * in intrastate or interstate commerce must provide the following information on all employers during the preceding 3 years, and an additional 7 years on those employers for whom the applicant operated such vehicle. Please list complete mailing address, including street number, city, state & zip code. Start with the most recent employer.

Employer			Date	
Name	From		To	
Address	Position Held			
City	State	Zip	Salary/Wage	
Contact Person	Phone #	Reason for leaving		
Were you subject to Federal Motor Carrier Safer Regulations (FMCSR)?				
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?				

EMPLOYMENT HISTORY (continued)

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for leaving	
Were you subject to Federal Motor Carrier Safer Regulations (FMCSR)?				
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?				

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for leaving	
Were you subject to Federal Motor Carrier Safer Regulations (FMCSR)?				
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?				

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for leaving	
Were you subject to Federal Motor Carrier Safer Regulations (FMCSR)?				
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?				

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for leaving	
Were you subject to Federal Motor Carrier Safer Regulations (FMCSR)?				
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?				

*** Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

**** FMCSR applies 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 more than 8 passengers (including the driver), OR (3) is any size and is used to transport hazardous materials in a quantity requiring placarding.**

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Mark J Traut Wells Inc

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 804 and 807 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester)

(Date)

TO:

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of _____.
In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of _____.
In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

EMPLOYMENT DATES FROM (m/y) _____ TO (m/y) _____

ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

Mark J Traut Wells Inc _____
(Name of Company) (Typed Name)

141 28th Ave South _____
(Address) (Title)

Waite Park _____ MN 56387 _____
(City) (State) (Zipcode) (Signature)

Accident Record for past 5 years or more, if none write none

Dates		Nature of accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last accident					
Next Previous					
Next Previous					

Traffic Convictions and forfeitures for the past 5 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver's license or permits held in the past 3 years	State	License #	Class	Endorsement(s)	Expiration Date

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

B. Has any license, permit or privilege ever been suspended or revoked? _____

If the answer is yes to either A or B or both give details: _____
_____**Driving Experience**

Class of Equipment			Type of Equipment	Dates (mo/yr) From To		Approx. # of Miles
Straight Truck	Yes	No	(Van, Tank, Flat, Dump, Refer)			
Tractor and semi-trailer	Yes	No	(Van, Tank, Flat, Dump, Refer)			
Tractor - two trailers	Yes	No	(Van, Tank, Flat, Dump, Refer)			
Tractor - three trailers	Yes	No	(Van, Tank, Flat, Dump, Refer)			
Motor coach -school bus	Yes	No	(more than 8 passengers)			
Motor coach -school bus	Yes	No	(more than 15 passengers)			
Other						

List any states you operated in for the past 5 years: _____

List any special courses or training: _____

List any other equipment you can work with: _____

Education (circle highest grade completed): High School: 1 2 3 4 College: 1 2 3 4

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.

Signature: _____ Date: _____

APPLICANTS

Prior to being an employee, the following procedure will take place.

- 1. One of our applications needs to be filled out in its entirety.**
- 2. If a Manager is interested in you as a candidate, your driving record will be requested.**
- 3. If your driving record meets the satisfactory status required by our company, you will have an interview with one (or more) of the Managers.**
- 4. A Manager will tell you if they are interested or not in having you as an employee and then if they are interested:**
 - (1) You will need to do a DOT physical, with drug testing.**
 - (2) The physical needs to come back stating that you are physically able to do the job.**
 - (3) The pre-employment drug test needs to come back negative.**
 - (4) The references listed need to check out.**
- 5. You will be called by Human Resources for a start date.**
- 6. All paperwork will be filled out with the Human Resource department, and all orientation will be completed.**

Please sign that you understand this process.

Applicant

Date

Manager Hiring

Date

MARK J TRAUT WELLS INC

An Equal Opportunity Affirmative Action Employer

Applicant Survey Form

Name: _____ Date: _____
Last First Middle

Position Applying for:

☐ Driller Asst. ☐ Pump Tech. ☐ Service Tech. ☐ Lab Tech. ☐ Lawn Irrigation Tech.

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to 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 *for 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 having 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 in Europe, the Middle East, or North Africa.

Are you a person with a disability? ☐ Yes ☐ No

Sex (select one) ☐ Male ☐ Female

- 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 other manner.