

DRIVER APPLICATION

Ken's Sanitation and Recycling, Inc
7620 43rd Avenue South
Glyndon, MN 56547
218-236-7940

Name: _____ Phone Number: _____

Position Applying for: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

RESIDENCE FOR THE LAST THREE YEARS:

Street: _____ City: _____ State: _____ Zip: _____ Yr/Mo: _____

Street: _____ City: _____ State: _____ Zip: _____ Yr/Mo: _____

LICENSE INFORMATION:

383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

License Number: _____ License State: _____

License Type: _____ Expiration Date: _____

DRIVING EXPERIENCE:

Class	Type of Equipment	Number of Miles	Start Date	End Date
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes: _____ No: _____

If yes, please explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes: _____ No: _____

If yes, please explain: _____

PAST EMPLOYMENT INFORMATION:

List all employers in the last ten years - Start with most current – If over 30 day gap between dates of employment, please explain (ex: unemployed, etc)

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

PAST EMPLOYMENT INFORMATION:

List all employers in the last ten years - Start with most current – If over 30 day gap between dates of employment, please explain (ex: unemployed, etc)

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

Employer: _____ Dates of Employment: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Supervisor: _____ Phone Number: _____

Work Performed: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?	YES _____	No _____
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	YES _____	No _____

ACCIDENTS FOR THE PAST THREE YEARS (IF NONE, WRITE NONE)

Date	Location	Nature of Accident	Injury/Fatality/Tow

TRAFFIC CONVICTIONS FOR THE PAST THREE YEARS (IF NONE, WRITE NONE)

Date	Location	Charge	Penalty

Have you ever tested positive or refused to be tested on a pre-employment drug screen for an employer you did not go to work for? Yes: _____ No: _____

If yes, please explain: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

"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 I have the right to:

- Review information provided by current/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 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: _____