

DRIVER EMPLOYMENT APPLICATION



PO Box 794 Phone (701) 282-2251
West Fargo, ND 58078 Fax (701) 282-7817
www.lenzmeiertrucking.com

Applicant Name: _____ Date of Application: _____

In compliance with Federal & State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial status, veteran status, non-job related disability or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize Lenzmeier Trucking to make such investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 Lenzmeier Trucking.

I understand that information I provide regarding current and/or previous employment may be used, and the employer(s) will be contacted for the purpose of investigating my safety performance history as required by Federal Motor Carrier Safety Administration, DOT 49 CFR 391.23(d) & (e).

I understand I have the right to:

- ! Review information provided by previous employers
- ! Have errors in the information corrected by previous employers and for those previous employers to re-submit corrected information to Lenzmeier Trucking
- ! 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: _____

APPLICANT TO COMPLETE

(Answer ALL questions – please print)

Position(s) Applying For: _____

Name: _____ Social Security Number: _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: _____
Street City

State & Zip Code Phone: How Long? yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? yr./mo.

Street City State & Zip Code How Long? yr./mo.

Street City State & Zip Code How Long? yr./mo.

Do you have the 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? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

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 crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain _____

EMPLOYMENT HISTORY

(Previous 10 years)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List the complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in order of most recent. Add another sheet if necessary)

EMPLOYER		DATE	
Name:		From: _____	To: _____
Address:		Position Held:	
City:	State:	Zip:	
Contact Person:	Phone Number:		Reason for Leaving:
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY

(Continued)

EMPLOYER	DATE
Name:	From: _____ To: _____
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name:	From: _____ To: _____
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name:	From: _____ To: _____
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name:	From: _____ To: _____
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name:	From: _____ To: _____
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

***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/has a GVWR of 10,001lbs or more, (2) is designed/used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

Accident Record – For past 3 years or more (attach a sheet if more space is needed) 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 & forfeitures for the past 3 years (other than parking violations) if none, write **None**

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Experience & Qualifications – Driver

List all driver licenses or permits held in the past 3 years

Driver Licenses	State	License No.	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

If the you answered Yes to A or B, please give details _____

Driving Experience – Check Yes or No

Class of Equipment	Check Type of Equipment	Dates		Approx No Miles (Total)
		From	To	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No (Less than 16 passengs)	NA			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No (More than 16 passengers)	NA			
Other				

List State operated in for the last 5 years: _____

Show special courses/training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Experience & Qualifications – Other

Show any trucking, transportation or other experience that may help in your work for this company: _____

List courses/training, other than shown elsewhere in this application: _____

List special equipment/technical materials you can work with, other than those already shown: _____

Education

Check highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____

Name

City, State

To Be Read & 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: _____

PRE-EMPLOYMENT QUESTIONNAIRE ON
PAST DRUG & ALCOHOL TESTING

This form is to comply with Part 40.25 of the Federal Motor Carrier Safety Regulations pertaining to drug & alcohol testing by the past or possible employers where applicant has applied for employment.

Check the appropriate box:

Have you ever tested positive for drugs? YES NO
If yes, what company? _____

Have you ever tested positive for alcohol? YES NO
If yes, what company? _____

Have you ever refused a drug or alcohol test? YES NO
If yes, what company? _____

Have you ever tested positive on a pre-employment test? YES NO

If you answered YES to any of the above questions, please complete the following:

Did you complete a Return to Work Program? YES NO

If YES, please provide the name of the Substance Abuse Counselor

Name: _____

Address: _____

Telephone Number: _____

Applicant Print Name: _____

Applicant Signature: _____

Date: _____

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 -- pre-employment testing requirements apply to driver applicants of this company.

391.103 Pre-Employment Requirements:

- a) A motor carrier shall require a driver applicant whom the motor carrier intends to hire or use, be tested for the use of controlled substances as a prequalification condition.
- b) A driver applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under **391.107** of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of a controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for any controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Type or Print)

Applicant's Signature

Month

Day

Year

Witnessed By:

Company Representative's Signature

Month

Day

Year

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____