



1100 N 6 Street, St. Cloud, MN 56303 (320)253-5203

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Position Applying For \_\_\_\_\_

Date of Application: \_\_\_\_\_

APPLICANT INFORMATION - COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*Age \_\_\_\_\_

*\*The Age Discrimination of Employment Act prohibits discrimination on the basis of age with respect to individuals who are over 40 years of age.*

Social Security # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Do you have legal right to work in the United States? \_\_\_\_\_



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List your addresses for the past 3 years:

Residency History	Address	How Long?
Current		
Previous		
Previous		
Previous		
Previous		
Previous		

Have you ever worked for this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

Education History	
Please list the highest grade completed:	
Grade school :	1 2 3 4 5 6 7 8
High school :	9 10 11 12
College :	1 2 3 4
Other	

Do you currently have a valid DOT Health Card?  YES  NO Expiration date \_\_\_\_\_

Have you attended any truck driving school? \_\_\_\_\_ If Yes, please provide name of school and dates attended: \_\_\_\_\_

Have you completed any safety driving or defensive driving programs such as the Smith System? If yes, please list the course and date taken: \_\_\_\_\_

List any other certifications or professional licenses held: \_\_\_\_\_

\_\_\_\_\_



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DRIVING EXPERIENCE			
Class of Equipment	Dates		Approximate # of Miles (Total)
	From	To	
Straight Truck			
Tractor & Semi-Trailer			
Tractor & 2 Trailers			
Motor Coach – School Bus			
Other			
List states operated in for the last 5 years :			
List special courses/ training completed (PD/ DDC/ Haz Mat. Etc.) :			
List any Safe Driving Awards you hold and from whom:			

Accident Record for the past 3 years, write "NONE" if applicable (Please include CMV and Non- CMV accidents)				
Date of Accident	Nature of Accident (Head on, Rear end, etc.)	Location of Accident	# Injuries	# Fatalities
Are there more accident records in the past 3 years than listed above?			Yes	No

Traffic Convictions for the past 3 years, write "NONE" if applicable (Please include CMV and Non-CMV convictions)				
Date	Location	Charge	Penalty	
Are there more traffic convictions in the past 3 years than listed above?			Yes	No



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- 1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO
- 2. Has any license, permit, or privilege ever been suspended or revoked?  YES  NO
- 3. Is there any reason you might be unable to perform the functions of the job for which you are applying for (as described in the job description)?  YES  NO
- 4. Have you ever been convicted of a felony?  YES  NO

If any of the answers to 1-4 are "YES", give details

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LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years.

State	License #	Type	Endorsements	Expiration Date

Employment History

Begin with most recent employer. Give a complete record of all employment in past 3 years regardless of nature and all driving employment in past 10 years. All fields must be filled in completely.

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is any size, used to transport hazardous materials in a quantity requiring placarding.



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<b>Employer</b>			
<b>Address</b>			
<b>Position Held</b>			
<b>Salary / Wage</b>			
<b>Contact / Position</b>			
<b>Phone #</b>			
<b>Dates Employed</b>	<b>FROM</b>		<b>TO</b>
<b>Reason for Leaving</b>			
Were you subject to the FMCSRs* while employed here? <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 and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>Employer</b>			
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<b>Phone #</b>			
<b>Dates Employed</b>	<b>FROM</b>		<b>TO</b>
<b>Reason for Leaving</b>			
Were you subject to the FMCSRs* while employed here? <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 and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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Were you subject to the FMCSRs* while employed here? <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 and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			



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Were you subject to the FMCSRs* while employed here? <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 and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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<b>Contact / Position</b>			
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Were you subject to the FMCSRs* while employed here? <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 and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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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? <input type="checkbox"/> YES <input type="checkbox"/> NO			



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Personal / Work References	
Name	Phone Number

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. 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 resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_





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**Motor Vehicle Record Release Authorization Form**

To: The State Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information to my employer and insurance agent.

**All Care Towing Inc.**

**1100 N 6 Street, St. Cloud, MN 56303**

**320-253-5203**

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**Robertson Ryan and Associates, Inc. Insurance Agency**

**Agent: Skip Bargielski**

**1-800-258-0277**

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Signature of Prospective Driver

\_\_\_\_\_  
Date



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## Employment Verification Request Form

Inquiring Party: **All Care Towing Inc.**

Phone: **320-253-5203**

TO BE COMPLETED BY APPLICANT			
<b>Previous Employer</b>			
<b>Company</b>		<b>Phone</b>	
<b>Address</b>		<b>Fax</b>	
		<b>Email</b>	
<b>Driver / Applicant Name</b>			
<p>I hereby authorize the above Previous Employer to release all employment information including information regarding any drug and alcohol tests that I took during my employment with them to the inquiring party.</p>			
<b>Driver / Applicant Signature:</b>			<b>Date:</b>

TO BE COMPLETED BY PREVIOUS EMPLOYER			
<p><b>The Driver / Applicant listed above, has applied to our company (Inquiring Party) for a Motor Vehicle driving position. Please help us verify the following information:</b></p>			
Dates of employment	FROM		TO
Last 4 digits of SS#		And / or Employee #	
Type of equipment driven			
Area of operation			
# of preventable accidents			
Reason for leaving			
Eligible for rehire?			
Failed or Refused drug / alcohol tests while employed by your company?			
Comments			
Name of person supplying information			
Position of person supplying information			
Date information provided			