

**Driver's
Application For Employment**

**Doboszenski & Sons,
Inc.**

9520 County Road 19
Loretto, MN 55357
763-478-6945
763-498-0063 (fax)

Doboszenski & Sons, Inc. is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

(answer all questions – please print)

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City

State Zip Phone _____

ADDRESS FOR PAST _____ How Long? _____
Street City State & Zip Code

THREE YEARS _____ How Long? _____
Street City State & Zip Code

If hired, can you submit verification of your legal right to work in the United States? _____ yes _____ no

Date of Birth _____ Can you provide proof of age? _____
(Required for Truck Drivers)

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

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

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Do any of your friends or relatives work here? Yes _____ No _____ If yes, state name and relationship _____

Physical History

Are you able to perform the essential functions of this position with or without reasonable accommodations? _____ yes _____ no

(only answer if you have renewed a job description for this position)

EMPLOYMENT HISTORY

All driver applicants responsible for driving must provide the following information on all employers during the preceding 3 years.

Applicants driving 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.

LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

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ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

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ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE 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)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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 _____
- C. Are you in a union Yes _____ No _____ Which union: _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	Dates		APPROX. NO OF MILES (TOTAL)
		From	To	
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR AND SEMI-TRAILER _____	_____	_____	_____	_____
TRACTOR-TWO TRAILERS _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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. I authorize you 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. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by law. All candidates for employment will be asked to participate in a conditional pre-employment physical including drug testing. Offers of employment are conditional based on satisfactory test results.

Company procedures and communications are not intended to be interpreted as a promise or guarantee of future or continued employment or as stating provisions and terms of employment. The company and its employees recognize their mutual right to end their employment relationship at any time, with or without notice, with or without cause and acknowledge that such relationship is one of employment at will.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASON SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. POLICE AND TRAFFIC RECORD						

SIGNATURE OF INTERVIEWING OFFICER _____

DOBOSZENSKI & SONS INC.
EMPLOYEES

NAME: _____

To assist Dispatch - Please fill out the following:
 Please be honest - Check all that apply

	Very Skilled/ Preferred	Limited Experience	Interest in Learning	Not Interested
Dozer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Road Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Grader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skidsteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scraper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Apprentice

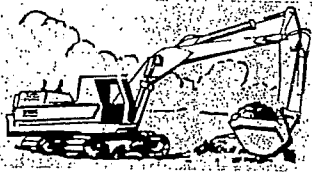
Comments: _____

I have the following training:

Drivers License Class:

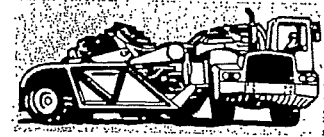
- A
- B
- C
- D

Health Card Expiration Date:



DOBOSZENSKI & SONS, INC.

9520 COUNTY ROAD 19
LORETTO, MINNESOTA 55357
Phone: 763-478-6945 Fax: 763-478-3186



DRIVER RECORD CHECK FORM

To: Terry Trittelwitz
TLT Research Service Inc.
8100 26th Ave. S.
Suite 115
Bloomington, MN 55425

From: Cheri Chalstrom
Doboszenski & Sons, Inc.
9520 County Road 19
Loretto, MN 55357

Fax: 952-851-9606

Fax: 763-498-0063

Phone: 952-851-0011

Phone: 763-478-6945

Today's Date: _____

Name: _____

Current Address: _____

City, State & Zip: _____

Driver's License Number: _____

Licensed in the State of: _____

Date of Birth: _____

By signing below you give permission to fax or email your MVR to TLT Research Services, Inc. This authorization is good for the duration of your employment with:

Doboszenski & Sons, Inc., 9520 County Road 19, Loretto, MN 55357

I hereby understand that my drivers record will be checked:

Signature: _____

Date: _____