

APPLICATION FOR EMPLOYMENT

Application Date

34882 Scenic Hwy Bovey MN 55709 (218) 245-2165

NAME								
•	(First)		(Middle)			(Last)		
ADDRESS								
CITY				STATE		ZIP		
SS#			_		Phone #			
Email Adress:								
					-			
Saction 202 21 E	-NACCD states "N	la parson who	LICENSE INFO	_		st any timo hay	ve more than one	
							ich is listed below.	
STATE			LICENSE NO.		TYPE		PIRATION DATE	
	<u> </u>							
Position Desired:			Date Available:					
Are you 18 years of ag		No 🗖	-	Currently employed? Yes No				
Do you have the legal	right to worl	k in the Uni	ted States?	Yes 🗖	No 🗖			
	- 1-1-	T T) (5	DRIVING EX		T 5.4			
CLASS OF EQUIP	MENT	TYPE OF EQUIPM				TES	APPROX NO OI	
		(VAN, TANK, FLAT,		, ETC.)	FROM	ТО	MILES (TOTA	<u>∤L)</u>
STRAIGHT TRUCK								
TRACTOR AND SEMI-TRAILER								
TRACTOR - TWO TRAILERS		<u> </u>			<u> </u>			
OTHER		<u> </u>						
r	ACCID	ENTS/TRAF	FIC CONVICT					
DATES					T OR CONVI			
			(HEAD-ON	, REAR-END), UPSET, SPE	EED, ETC)		
	<u> </u>							
			501104					
COLLOGI		T COLUDE	EDUCA	1	** D * T. D.	I DIDLOM	'ACCUTICIONATE DEC	<u></u>
SCHOOL		COURSE OF STUDY		DATE GRADUATED		DIPLOMA/CERTIFICATE REC'D		
		<u> </u>						
						1		
- COLLIGENCE	T OTHE	5 5ND ODG5	SKIL	1	2: 14 A !! C E \/ D	_ ,,,,	·····	
CDL LICENSE		R ENDORSE	MENTS	☐ ME	CHANIC EXP	☐ MAC	HINE OPERATOR	
Other Construction re	lated skills:_							

	EMPLOYMENT I	HISTORY				
Company Name:		Telephone:	Telephone:			
Address:		Dates of employm	Dates of employment:			
		Wage:				
Contact Person or Supervisor:		Job Title:	Job Title:			
Job Description:		•				
Reason for leaving:						
	EMPLOYMENT I	HISTORY				
Company Name:		Telephone:	Telephone:			
Address:		Dates of employm	Dates of employment:			
		Wage:	Wage:			
Contact Person or Supervisor:		Job Title:	Job Title:			
Job Description:		•				
Reason for leaving:						
	EMPLOYMENT I	HISTORY				
Company Name:		Telephone:				
Address:		Dates of employm	Dates of employment:			
		Wage:	Wage:			
Contact Person or Supervisor:		Job Title:	Job Title:			
Job Description:						
Reason for leaving:						
	REFERENC	CES				
Name	Relationship	Address & Phone Number				
Have you ever been denied a lic	ense, permit or priviledge to o	perate a motor vehicle ?	Yes NO			
If yes, explain:						
Has any license, permit or privile	edge ever been suspended or i	revoked:	Yes NO			
If yes, explain:						
Do you have a DOT Medical Cer	tificate? Yes 🗖 No	Expiration Date:				
I certify that I am not engaged in any outside	e activity or business that could be conside	ered in conflict with the company's inte	erest or those of			
its clients, nor will I become engaged in such	activity or business if employed. I author	rize the company to solicit information	regarding my			
character, general reputation, previous emp						
on my application. I hereby release all partic	,	•	•			
damages for any reason arising out of the fu		·				
references it may provide regarding my wor	-		•			
information given in my application or interv			_			
regulations of the Company as permitted by	., ,	, ,	•			
of the second se						
Applicant's Signature		Date				