



400 13th Street
Albany, MN 56307
Ph: 320-845-4500/Fax: 1-320-845-7245

Application for Employment

Applicant: Read and sign before submitting this application.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

I understand that the information in this application will be used and that prior employers will be contacted for the purpose of investigating is required by 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant Date Signed

Name _____ Phone # _____
(First) (Middle) (Last)

*Emergency contact: Name/Relationship/Phone #: _____

Social Security Number _____ - _____ - _____

Address: _____
(Street/P.O. Box)

(City) (State) (Zip)

How long residing at this residence? _____

Date of Birth ____/____/____ Date of DOT Physical ____/____/____

Job Applying for: Driver _____ Independent Contractors _____ Mechanic _____ Shop _____ Office _____

Drivers License No. _____ State _____ Type/Class _____

Has your license ever been suspended or revoked? _____ If yes, please explain: _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Is there any reason you might not be able to perform the functions of this job for which you have applied?

Including lifting in excess of 20 pounds on a daily basis. Yes _____ No _____

If yes, please explain: _____



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Personal References

List three persons for references, other than family members, who have knowledge of your work habits.

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Employment Record for Past 3 Years

Last or Present Employer Name: _____
Phone No. _____ Fax No. _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for leaving: _____
May we contact your present employer for references? Yes _____ No _____

Second Last Employer Name: _____
Phone No. _____ Fax No. _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for leaving: _____

Third Last Employer Name: _____
Phone No. _____ Fax No. _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for leaving: _____

Education Background

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) (Address)

Please list any additional information you feel might help us in choosing you as an employee. Why you over any other applicants?
If you need more space feel free to add more pages, send any other information, job skills or resumes you may have.

