



Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what \_\_\_\_\_

<p><b>Driver Experience &amp; Qualifications</b>                  Answer the questions in this section only if applying for driver position</p>
Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth Social Security No. _____ - _____ - _____ upon hire

**DRIVER EXPERIENCE & QUALIFICATION** Answer the question in this section only if applying for driver position  
 Licenses

Drivers Licenses held in past 3 years must be shown	State	Licenses No.	Class	Endorsement(s)	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. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulation? Yes \_\_\_ No \_\_\_  
 If you answer "yes" to A, B, C, attach a statement giving details.

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates From	To	Approximate Total Miles
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LVC's				
other				

List States operated in during last five years \_\_\_\_\_  
 \_\_\_\_\_

List special courses or training that will help you as a \_\_\_\_\_  
 List driving awards held and who awards were presented by? \_\_\_\_\_

**Accident Review for past 3 years** (attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, 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

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications show all employment for the past three (3) years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. 391.21 (B) (10),(11) Start with Last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
mm/dd/yr mm/dd/yr

Reason for leaving? \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
mm/dd/yr mm/dd/yr

Reason for leaving? \_\_\_\_\_

Pervious Employer: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
mm/dd/yr mm/dd/yr

Reason for leaving? \_\_\_\_\_

**MAINTANCE EXPERIENCE & QUALIFICATIONS**

List courses and training in maintance work: \_\_\_\_\_

**Job Function**

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

**Shop Equipment**

Indicate training and experience in the following	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Time Serv. Machine		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping Mold		
Engine Rebuilding			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
			Magnetic Crack Defector		

Continued next page

**Shop Equipment**

Indicate training and experience in the following	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

**CLERICAL EXPERIENCE & QUALIFICATIONS**

List Courses and Training if Office Work \_\_\_\_\_

Indicate Training and Experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equip.		
Filing			(indicate type)		
Computers (indicate software)			Tabulator		
Word processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

**PERSONAL REFERENCES**

Below give the names of three (3) people not related to you, who have known you for at least one (1) year

NAME	ADDRESS	BUSINESS	PHONE (INCLUDING AREA CODE)	YEARS KNOWN
1.				
2.				
3.				

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigating may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_
First, M.I. Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

Hereby authorize that:

Previous Employer: \_\_\_\_\_
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Fax No. \_\_\_\_\_

May release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substance Testing Records

Rybak Excavating & Contracting Inc

Attention: \_\_\_\_\_

13915 Lake Drive Telephone: 651.633.2221
Forest Lake, MN 55025 Fax: 651.634.3593

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

This is in compliance with §382.405(f) and (h), which State: (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request. (h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information is permitted only in accordance with the terms of the employee's consent. §382.413(a)(b)(c)(e)(f) further state (a) An employer may obtain, pursuant to driver's written consent, any of the information concerning the driver, which is maintained under this part by the driver's previous employers. (b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.014 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.401 (b)(1) through (III)(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar day after the first time a driver performs safety sensitive functions for an employer. (e) The prospective employer must provide to each of the other driver's employers with the two preceding years the driver's specific written authorization for release for the information in paragraph (b)(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information the ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted:

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

COMPLETE THIS SECTION AS IT PERTAINS TO PART 382. SEE SEC. 382.413(B), ABOVE YES NO

- 1. Has this person ever tested positive for a controlled substance in the last 2 years?
2. Has this person ever had an alcohol test with a Breath Concentration 0.04 or greater in the last 2 years?
3. Has this person ever refused a required test for drugs or alcohol in the last two years?

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference

Name: \_\_\_\_\_
Street: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY RYBAK EXCAVATING AND CONTRACTING INC.

This form (check one): \_\_\_\_\_ Faxed to previous employer. \_\_\_\_\_ Mailed Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ Phone

Date: \_\_\_\_\_ Personal Interview

RETAIN IN DRIVER'S CONFIDENTIAL FILE

INQUIRY TO PAST EMPLOYERS

FROM: Rybak Excavating and Contracting Inc.

TO: Previous Employer: \_\_\_\_\_

Individual: \_\_\_\_\_

Individual: \_\_\_\_\_

13915 Lake Drive

Street: \_\_\_\_\_

Forest Lake, MN 55025

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer, Kindly reply to this inquiry respecting the applicant. As you will note from the waver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Name of applicant: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Job applied for: \_\_\_\_\_

1. This applicant lists dates of employment with your firm from: \_\_\_\_\_ to \_\_\_\_\_ Is that Correct: Yes \_\_\_\_\_ No \_\_\_\_\_

2. What kind(s) of work did he/she do? Driver \_\_\_\_\_ (type of vehicle) \_\_\_\_\_ Dock \_\_\_\_\_ Office \_\_\_\_\_ Shop \_\_\_\_\_

Other \_\_\_\_\_ (Specify) \_\_\_\_\_

3. If employed as a driver, please indicate type of equipment driven, Tractor Trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_ Bus \_\_\_\_\_

Other \_\_\_\_\_ (Specify) \_\_\_\_\_

4. Number of reportable accidents \_\_\_\_\_ Number of accidents in which applicant was ticketed \_\_\_\_\_ Number of accidents in which applicant was at fault \_\_\_\_\_ (please explain) \_\_\_\_\_ Date of each accident \_\_\_\_\_

5. To your knowledge, was he person's chauffeur/operator's license suspended while in your employ? \_\_\_\_\_ If so, please explain \_\_\_\_\_

6. (Respond only if checked\*) ( ) Was this person bonded while with your company? \_\_\_\_\_ If so, were there any circumstances that were reported to the bonding company? \_\_\_\_\_

\*Rybak Excavating and Contracting Inc. - check this question only if bonding is required for this position.

7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? \_\_\_\_\_

8. Did the applicant pose either repeated and/or sever disciplinary problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain. \_\_\_\_\_

9. Why did this employee leave your company? Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_

10. Would you re-employ this person? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain \_\_\_\_\_

11. Remarks: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature & Title)

(Detach here for your files)

Waiver

\_\_\_\_\_  
(Former Employer)

\_\_\_\_\_  
(Date)

I hereby authorize you to release all information concerning my employments, including oral assessments of my job performance, ability, a fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Witness's Signature)

As an employee/prospective employee of: Rybak Excavating & Contracting, Inc., I hereby authorize you to obtain a copy of my current Motor Vehicle Report (MVR) an fax or mail to my employer at your earliest convenience.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized signature of employer