Application for Employment
Rybak, Companies, Inc
13915 Lake Drive
Forest Lake , MN 55025
Phone: 651-633-2221 Fax: 651-634-3593

Rybak Companie, Inc. is an equal employment opportunity employer and will not discrininate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, sexual harassment, national origin ancestry, marital status, handicap, disability related to pregnancy or childbirth, affectional or sexual preference, membership or activity in any local commission, or status regarding public assistance, membership or non-membership in any labor organization or any other characteristic protected under federal, state or local law. None of the questions in this application are inteded to elicit information regarding any protected characteristics nor imply any limitation, illegal preference or discrimination based upon non-job-related information or pretected characteritics.

If you are hired by RYBAK, INC you will be employed on an a**t- will-** basis. As an a**t-will employe**e, you may terminate your employment at any time for any reason without notice. Similarly, if you are Hired RYBAK, INC will have the right to terminiate your employment at any time for any reason at any time for any reason without prior notice. No RYBAK INC supervisor or manager has the authority to offer or promise anything other than a**t-will-employment,** and no subsequent transfer, promotion or change in your employment will affect your a**t-will-employement** status.

Signature of Applicant **Date**

Name: Phone: ( ) Date of Birth:
First **Middle** **Last**

***Current Address:**
Street **City** **Zip**

***If less then three (3) years, list below all residences for the past three (3) years. Attach separate sheet if necessary**

Street **City** **Zip**

Street **City** **Zip**

Position applying for **Temporary:** **Part Time** **Full Time**

Who referred you? **Rate of Pay Expected?**

Have you worked for this company before? **Dates:** **From: Month/Year** **To: Month/Year**

Where? **Rate of Pay?** **Position?**

Reason for leaving?

Are you currently Employed? **If not, how long were you employed?**

EDUCATION

Circle the highest Education completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: **Name** **Address**

GENERAL

Have you ever been bonded?_____ **Name of bonding company**_____
(answer only if job requirement)
Have you ever been convicted of a felony?_____
If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment -- all circumstances will be considered.

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

Driver Experience & Qualifications
Answer the questions in this section only if applying for driver position

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	State	Licenses No.	Class	Endorsement(s)	Expiration Date
Licenses held					
in past 3					
years must					
be shown					

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 Regulati 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		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			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 Fare 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.

Individual:_____

13915 Lake Drive

Forest Lake, MN 55025

Personnel Manager:

TO: Previous Employer:_____

Individual:_____

Street:_____

City:_____State:_____Zip:_____

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