

**DRIVERS APPLICATION FOR EMPLOYMENT**  
**NORTHWEST ASPHALT, INC**  
**1451 STAGECOACH ROAD**  
**SHAKOPEE, MN 55379**  
**952-445-1003 phone 952-445-1056 fax**

This employer requires a pre-employment physical and drug test

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non job related disability.

Position(s) Applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Who referred you? \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

List your address of residency for past three years.

Current Address \_\_\_\_\_  
Street Address \_\_\_\_\_ How long? \_\_\_\_\_  
\_\_\_\_\_ City State Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street Address \_\_\_\_\_ How long? \_\_\_\_\_  
\_\_\_\_\_ City State Zip Code \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you worked for this company before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If answered yes above, from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you employed currently? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there any reason you might be unable to perform the functions of the job for which you have applied...  
(as described in the attached job description)?

\_\_\_\_\_  
\_\_\_\_\_  
If yes, explain if you wish. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Fill in completely (Begin with most present or last job)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle. (Add another sheet if necessary.)

Employer	Position	Reason for leaving	
Address	Brief description of job duties		
City, State, Zip	Contact Name	Phone Number	May we contact your previous employer
Start Date	End Date	Ending Wage	

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\*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.

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES (Example - January 4, 2006)      NATURE OF ACCIDENT (Example - 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) IF NONE, WRITE NONE**

LOCATION      DATE      CHARGE      PENALTY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

STATE ISSUED      LICENSE NUMBER      TYPE      EXPIRATION DATE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRIVING EXPERIENCE: IF NONE, WRITE NONE**

CLASS OF EQUIPMENT      TYPE OF EQUIPMENT (Examples - Van, Tank, Flat, Etc)      FROM      DATES      TO      APPROX. NO OF MILES (TOTAL)

Straight Truck	_____	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____	_____
Tractor/Two Trailers	_____	_____	_____	_____
Motorcoach- Schoolbus	_____	_____	_____	_____
Other	_____	_____	_____	_____

Do you have any tanker or Hazmat endorsements?      YES      NO

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

Has your license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

List states operated in for last five years ..... \_\_\_\_\_

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 THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH

### 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 INQUIRES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED.)

I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### THIS SECTION TO BE FILLED IN 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. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_

DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_

VOLUNTARILY QUIT \_\_\_\_\_

OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_