

Application For Employment

Driver only- If you are applying for another position, do not use this form.



Note: This form must be completely filled out -Do not leave any blanks. Partial applications will not be considered. If not applicable, write "n/a" or if answer is "no" write "no or none."

Name _____ Phone () _____

*Current address _____
Street City State Zip

*If the above residence is less than three years, list below all residences for the past three years.

Street City State Zip

Street City State Zip

Date of Birth _____ (required for truck drivers) Social Security # _____

IN CASE OF EMERGENCY NOTIFY:

Phone () _____
Street address City State Zip

Position Applying For _____ Temporary _____ Part Time _____ Full time _____

Who referred you _____ Rate of pay expected _____

Have you worked for this company before under the above name or another name? _____ Date _____

If under another name provide that name _____

Position _____ Reason for leaving _____

Names of relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Have you ever been convicted of a felony? _____ If Yes, explain _____

Have you ever tested positive on a *pre-employment* Drug screen for an employer that you **did not** go to work for? _____ If yes, give date _____

Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Education

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

Last school attended _____

City State Zip

Employment information page 2

Note: DOT requires that you show ALL commercial driving experience for the past 10 years, and all other employment for the past three years

1. Name of Employer _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Position held _____

Dates of employment From _____ to _____ Reason for leaving _____

Types of equipment operated (combination) _____

Gross weight _____ Type of transmission _____

Type of engine _____ # of miles _____

Safe driving or service awards _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR partv40 controlled substance and alcohol testing during this period? Yes No

2. Name of Employer _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Position held _____

Dates of employment From _____ to _____ Reason for leaving _____

Types of equipment operated (combination) _____

Gross weight _____ Type of transmission _____

Type of engine _____ # of miles _____

Safe driving or service awards _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR partv40 controlled substance and alcohol testing during this period? Yes No

Employment information page 3

3. Name of Employer _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Position held _____

Dates of employment From _____ to _____ Reason for leaving _____

Types of equipment operated (combination) _____

Gross weight _____ Type of transmission _____

Type of engine _____ # of miles _____

Safe driving or service awards _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR partv40 controlled substance and alcohol testing during this period? Yes No

4. Name of Employer _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Position held _____

Dates of employment From _____ to _____ Reason for leaving _____

Types of equipment operated (combination) _____

Gross weight _____ Type of transmission _____

Type of engine _____ # of miles _____

Safe driving or service awards _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR partv40 controlled substance and alcohol testing during this period? Yes No

Driving Experience and Qualification page 4

<i>Class of Equipment</i>	<i>Type of equipment (van, tank, flat, etc.)</i>	<i>Dates From - To</i>	<i>approximate total miles</i>
<i>Straight Truck</i>			
<i>Tractor or Semi</i>			
<i>Twin Trailers (doubles)</i>			
<i>Other</i>			

Licenses

<i>Driver Licenses held in the past three years must be shown.</i>	<i>State</i>	<i>License No.</i>	<i>Type</i>	<i>Expiration date</i>

Traffic convictions and forfeitures for the past three years other than parking violations

<i>Location</i>	<i>Date</i>	<i>Charge</i>	<i>Penalty</i>

Have you ever been convicted of driving under the influence of alcohol or any substance? If yes, give date & details

Have you ever been convicted of careless driving, reckless driving or reckless endangerment involving a motor vehicle? If yes, give date and details.

Have you ever been denied a license or permit to operate a motor vehicle? If yes, give date and details.

Driving Experience and Qualification page 5

Have you ever been disqualified from driving a commercial motor vehicle for violations of Federal motor Carrier Safety Regulations or state or local regulations. If yes give date and details.

List any courses or training that will help you as a driver and where received.

Accident Review For Past Three Years

Last Accident

Date _____ Location _____ Type of Equipment driven _____

Nature of accident (head-on, rear-end, upset, etc.) _____

Explain what happened _____

Were there any injuries? _____ Fatalities? _____ Property damage \$ _____

Next Previous Accident

Date _____ Location _____ Type of Equipment driven _____

Nature of accident (head-on, rear-end, upset, etc.) _____

Explain what happened _____

Were there any injuries? _____ Fatalities? _____ Property damage \$ _____

Next Previous Accident

Date _____ Location _____ Type of Equipment driven _____

Nature of accident (head-on, rear-end, upset, etc.) _____

Explain what happened _____

Were there any injuries? _____ Fatalities? _____ Property damage \$ _____

Next Previous Accident

Date _____ Location _____ Type of Equipment driven _____

Nature of accident (head-on, rear-end, upset, etc.) _____

Explain what happened _____

Were there any injuries? _____ Fatalities? _____ Property damage \$ _____

Date of last DOT physical _____ Where taken _____ Doctor's name _____

*Notice to all applicants / **Read and Sign BEFORE submitting this application***

Until all background information and driver qualification requirements have been verified by the company safety dept., any offer of employment made is **conditional**. This means that an offer of employment may be withdrawn if the applicant does not meet company or government qualification requirements.

Areas that will be verified include but are not limited to

- (1) Past employment verification
- (2) Duration of past commercial driving experience
- (3) Type of equipment driven
- (4) Company qualification requirements
- (5) DOT qualification requirements
- (6) DOT physical qualification requirements
- (7) Driver record check
- (8) Drug and Alcohol screening check

I understand that the information in this application will be used and that prior employees will be contacted for purposes of investigation as required by section 391.23 of of the Federal Motor Carrier Safety Regulations and for other purposes. This certifies that this application was completed by me, that all entries on it, and information in it are true and complete to the best of my knowledge.

Any conditional offer of employment or actual employment does not constitute a guarantee of continued employment.

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

Signature of Applicant _____ Date _____

Availability

So that we can determine how you will best fit into client schedules, please fill in ALL times you are available.

Monday Start time _____ Finish Time _____

Tuesday Start time _____ Finish Time _____

Wednesday Start time _____ Finish Time _____

Thursday Start time _____ Finish Time _____

Friday Start time _____ Finish Time _____

Saturday Start time _____ Finish Time _____

Sunday Start time _____ Finish Time _____

Today's date _____

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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To:

Company _____

Address _____

City _____ State _____ Zip _____

Attention _____ Telephone () _____

Employee' Name _____ Social Security # _____

Position or Job held _____

Date of employment _____ to _____

1 Are the dates stated above correct? If not please state correct dates. _____

2 What kind(s) of work did he /she do? _____

3 What Kind(s) of equipment did he /she operate? _____

4 Did he / she have adequate tools to do the job? _____

5 Did he / she have any accidents? Preventable? _____

6 Did he / she work well on their own? Yes or No- Please explain. _____

7 Did he / she work well with others? Yes or No-please explain. _____

8 Did he /she receive any citations while employed by you? _____

9 Did he / she take good care of of the equipment? _____

10 Does he / she have any bad habits that you are aware of? _____

11 Did this employee have any alcohol or drug problems while in your employ? _____
Please explain _____

12 Did he / she participate in a DOT approved drug & alcohol screening program in accordance with section 382.413(b) of the Federal Motor Carrier Safety Regulations? _____

12a Did this employee ever test positive for drugs or alcohol? _____

12b Did this employee ever refuse to be tested? _____

12c Did this employee ever engage in prohibited conduct while in your employ? _____

13 Reason for leaving employment? _____

14 Is the employee eligible for re-employment? _____

Remarks: _____

Information provided by; _____ Date _____

Title : _____

I hereby authorize all previous employers to release all records of employment, including assessments of my job performance, ability and fitness, drug & alcohol testing, 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 this company from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

Applicants signature / date

Witness's signature / date

Office use only

Date request sent

1. _____

2. _____

3. _____

To:

Company _____

Address _____

City _____ State _____ Zip _____

Attention _____ Telephone () _____

Employee' Name _____ Social Security # _____

Position or Job held _____

Date of employment _____ to _____

1 Are the dates stated above correct? If not please state correct dates. _____

2 What kind(s) of work did he /she do? _____

3 What Kind(s) of equipment did he /she operate? _____

4 Did he / she have adequate tools to do the job? _____

5 Did he / she have any accidents? _____ Preventable? _____

6 Did he / she work well on their own? Yes or No- Please explain. _____

7 Did he / she work well with others? Yes or No-please explain. _____

8 Did he /she receive any citations while employed by you? _____

9 Did he / she take good care of of the equipment? _____

10 Does he / she have any bad habits that you are aware of? _____

11 Did this employee have any alcohol or drug problems while in your employ? _____

Please explain _____

12 Did he / she participate in a DOT approved drug & alcohol screening program in accordance with section 382.413(b) of the Federal Motor Carrier Safety Regulations? _____

12a Did this employee ever test positive for drugs or alcohol? _____

12b Did this employee ever refuse to be tested? _____

12c Did this employee ever engage in prohibited conduct while in your employ? _____

13 Reason for leaving employment? _____

14 Is the employee eligible for re-employment? _____

Remarks: _____

Information provided by; _____ Date _____

Title : _____

I hereby authorize all previous employers to release all records of employment, including assessments of my job performance, ability and fitness, drug & alcohol testing, 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 this company from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

Applicants signature / date

Witness's signature / date

Office use only

Date request sent

1. _____

2. _____

3. _____

Driver applicants only Information required by DOT regulations

Name _____ Social Security # _____

Applicant: Do Not complete the medical information section until after a "conditional" offer of employment has been made.

Physical History

Do you suffer from **any** condition which could interfere with your ability to perform the duties of a commercial motor carrier vehicle driver or heavy equipment operator? If yes give details _____

Have you ever suffered any injury the aggravation of which could interfere with your ability to perform the duties of a commercial motor carrier vehicle driver or heavy equipment operator? If yes give details

Do you now suffer or have ever suffered from any of the following?

Asthma	Yes	No
Kidney malfunction	Yes	No
Tuberculosis	Yes	No
Diabetes	Yes	No
Stomach problems	Yes	No
Rheumatic fever	Yes	No
Muscular disease	Yes	No
Psychiatric disorder	Yes	No
Cardiovascular disease	Yes	No
Hypertension or high blood pressure	Yes	No
Gastrointestinal ulcer	Yes	No
Head, Neck, Back or knee injuries	Yes	No
Seizures, fits. Convulsions or fainting	Yes	No
Extensive confinement by illness or injury	Yes	No
Any other nervous disorder	Yes	No
Suffering from any other disease	Yes	No
Permanent defect from illness, disease or injury	Yes	No

If yes to any of the above, provide details.

Signature _____ Date _____

Traffic Violation Record

Driver's Name _____
 Please print or type

Certification of Violations

I certify that the following is true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of conviction	Offense	Locations	Type of Vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date _____ Driver's signature _____

391.27 Record of violations

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which a driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed he /she shall so certify.

(b) the form of the driver's list or certification shall be prescribed by the motor carrier.

**State of Minnesota
Department of Public Safety
School Bus Criminal Records Check Authorization**

Before issuing a school bus endorsement, the Commissioner of Public Safety is required to conduct a criminal records check of the applicant (Minnesota Statutes 171.321, subd. 3). The criminal records check will be conducted by the Minnesota Bureau of Criminal Apprehension (BCA).

If you have resided in Minnesota for less than five years, the check will also include a national criminal records check conducted by the FBI. The criminal records check by the FBI will take additional time, which could delay the process. You must contact the Department of Public Safety to obtain the procedures to begin the FBI national criminal records check. There is no additional fee associated with the BCA check; however, there is an additional fee to conduct the FBI check.

The Department of Public Safety will notify you in writing of the results of the criminal records check(s). The Department will use the criminal background criteria set forth in the Minnesota statutes, 171.3215 when issuing or denying an application for a school bus driver's endorsement. The results of the criminal records check will not be released to anyone but the Department of Public Safety and you. The failure to cooperate with the department in conducting the criminal records check is reasonable cause to deny your application.

If you have any questions please call (651) 297-5029 or TDD (651) 282-6555; or write Department of Public Safety, Commercial Drivers License Unit, 445 Minnesota St. Suite 180, St. Paul, MN. 55101-5180

Please fax this form to (651) 297-4447 or mail to the above address.

"I the applicant, authorize the Department of Public Safety to conduct a check of my criminal history as required by Minnesota statutes 171.321, subd. 3."

Applicant:

Applicant's full name (please print)

Applicant's maiden name , previous name(s) used

Applicant's street address

Applicant's city, state, Zip

Applicant's Driver's License number

Applicant's Date of Birth

Applicant's Signature

Prospective Employer:

Richards Transportation Inc.
Name of Prospective Employer

Name of Prospective Employer

2139 100 Ave. N
Prospective Employer's street address

Prospective Employer's street address

Moorhead, Minn 56560
Prospective Employer's City, State, Zip

Prospective Employer's City, State, Zip

Contact person of Prospective Employer

Contact person of Prospective Employer

(218) 233-3404
Contact Person's phone number

Contact Person's phone number

Authorized signature of prospective employer

Authorized signature of prospective employer