



Dakota Technologies Company
5001 Boone Ave. N
New Hope, MN 55428

COMMERCIAL DRIVER APPLICATION

APPLICANT INFORMATION:

Date: Position applying for:
Name:
Phone Number: Emergency Phone Number:
AGE DATE OF BIRTH SS#

(The Age Discrimination of 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.)

PHYSICAL EXAM EXPIRATION DATE

CURRENT & PREVIOUS THREE YEARS OF ADDRESSES:

FROM TO
FROM TO
FROM TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? Yes No

If yes, give dates: From To

Reason for leaving?

EDUCATION HISTORY:

Please circle the highest grade completed: Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years. Add sheet if more space is needed.

Mo/Yr. Mo/Yr. Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr. Mo/Yr. Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

### DRIVING EXPERIENCE

Class of Equipment	From	To	Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for the past three (3) years (attach sheet if more space is needed):**

Date of Accident	Nature of Accidents	Location of Accident	Number of Fatalities	Number of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three (3) years):**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

Are you able to perform the functions of the job for which you have applied? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If the answers to any of the questions listed above are "yes", give details \_\_\_\_\_

### Notification of Rights and Certification

I understand that I have the following rights regarding the investigative information that will be provided to the Company: (1) the right to review information provided by previous employers; (2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the Company; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I understand that if I wish to review previous employer-provided investigative information, I must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to me within five business days of receiving the written request, or within five business days of receipt of the requested information from the previous employer, whichever is later. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_