



Columbia Heights, MN 763-782-6858

Anoka, MN 763-712-5661

Saint Paul, MN 651-917-5387

Richfield, MN 612-764-3951

NEW LOCATION Elmhurst, Illinois 630-279-2997

DRIVER QUALIFICATION RECORD AND APPLICATION FOR EMPLOYMENT

Please **Print** Clearly

Date submitted _____

Name _____

Address _____

City, State, & Zip Code _____

Telephone: Home _____ Cell _____ Other _____

Date of Birth _____ Social Security Number _____

List addresses for
Past three years

Street	city	state, zip code	how long?
Street	city	state, zip code	how long?

In event of emergency notify _____

Address		Name	Relationship	
Street	City	State, Zip Code	Phone	

Can you consistently lift? 50 lbs Y N 75 lbs Y N 100 lbs Y N

Height _____ Weight _____

Are you able to work in a sitting position for 8 hours a day? Y N

Are you able to work in a standing position for 8 hours a day? Y N

If you have any reason that you are unable to perform physically demanding work, please explain here:

Do you have the experience, skills, qualifications, training and ability to perform the job for which you are applying?

Circle Highest Grade Completed 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Last School Attended – Name & Address _____

General

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____ (a yes to this question will not automatically disqualify an applicant. The seriousness of the crime, date of conviction and other surrounding circumstances will be considered.)

TRAFFIC CONVICTIONS AND LICENSE FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATION- DRIVER

State	Driver Licenses		
	License Number	Type/Class	Expire 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 subject to section 391 of the Federal Motor Carrier Safety Regulations? Yes No
- D. Have you ever tested positive for any controlled substance during the past two yrs? Yes No
- E. Have you tested .02 or greater for alcohol during the past two years? Yes No
- F. Have you refused to submit to a DOT required drug and/or alcohol test during the past two years? Yes No

If the answer to any above is yes, attach a statement giving details.

Type of Equipment Van, Tank, Flat, ETC	Dates	Approximate Number of Miles Driven (Total)
Straight Truck		
Tractor/Semi		
Tractor Two Trailers		
Other		

List the states operated in over last five years: _____

List safe driving awards received and source: _____

Accident Review for the past 3 years

Date	Nature of Accident	Fatalities?	Number of Injuries

Employment Record

As per D.O.T. Regulations, list employers for at least the past ten years, starting with the most recent. Employer information must be complete including full address and phone numbers. Attach a sheet if more room is needed.

Employer: Name _____ Supervisor _____ Salary _____
Address _____ City _____ State _____
Position Held _____ From _____ To _____ Fax# _____
Reason for Leaving _____ Phone# _____

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