

964 St. Hwy. 109
Wells, MN 56097-0207



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www.DulasExcavating.com

Name of Applicant Phone Number Date of Application

Street City State Zip Code

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

Street City State Zip Code

Street City State Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Social Security No. ____-____-____

In case of Emergency, Notify: _____ Phone _____

Address City State Zip Code

Position applying for _____ Temporary ____ Part Time ____ Full Time ____

Who referred you? _____ Rate of pay expected? \$ _____

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

EDUCATION

Circle highest grade completed: 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____

List special courses or training that will help you as an employee _____

GENERAL

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

PHYSICAL HISTORY

Is there any reason you might be unable to perform the functions of the job for which you have applied?

For Drivers Only:

Date of last ICC physical examination: _____

EMPLOYMENT HISTORY

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987, must also show commercial driver employment for the seven years immediately preceding this three-year period. Section 391-21 (b) (10), (11).

Start with the last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary).

Current Employer: _____ Contact Person: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Wage _____

Reason for leaving: _____

Did you drive a vehicle requiring a CDL? _____

Company: _____ Contact Person: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Wage _____

Reason for leaving: _____

Did you drive a vehicle requiring a CDL? _____

Company: _____ Contact Person: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Wage _____

Reason for leaving: _____

Did you drive a vehicle requiring a CDL? _____

Company: _____ Contact Person: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ To _____ Wage _____
 Reason for leaving: _____
 Did you drive a vehicle requiring a CDL? _____

Company: _____ Contact Person: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ To _____ Wage _____
 Reason for leaving: _____
 Did you drive a vehicle requiring a CDL? _____

Company: _____ Contact Person: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ To _____ Wage _____
 Reason for leaving: _____
 Did you drive a vehicle requiring a CDL? _____

DRIVER EXPERIENCE & QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION
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 Regulations?
Yes ____ No ____

If you answered "yes" to A, B, C, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	DATES FROM	DATES TO	APPROX. NO. OF MILES
Straight Truck			
Tractor & Semi-Trailer			
Twin Trailers			
Other			

List states operated in during the last five years _____

List special courses or training that will help you as a driver _____

List safe driving awards held and who awards were presented by _____

ACCIDENT RECORD FOR PAST 3 YEARS (Attach separate sheet of paper if more space is needed)

DATES	Nature of Accident (Head-On, Rear-End, 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

EQUIPMENT OPERATOR EXPERIENCE & QUALIFICATIONS

TYPE OF EQUIPMENT OPERATED	DATES FROM	DATES TO	APPROX. HOURS

List special courses that will help you as an operator _____

MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List courses and training in maintenance work _____

JOB FUNCTION

TRAINING AND EXPERIENCE	FORMAL TRAINING	EXPERIENCE
Drive Line Components		
Diesel Engine Check		
Trailer Service Repair		
Brakes including adjustment		
Inspections		
General Truck Repair		

It is understood and agreed that Dulas Excavating Inc. may investigate the applicant’s background to ascertain any and all information of concern to applicant’s record, whether same is of record or not, and applicant releases employer and persons named herein from all liability for any damages on account of his/her furnishing such information.

It is also understood and agreed that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an 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 understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant’s Signature

FOR OFFICE USE –DO NOT WRITE IN THIS SPACE

Process Record

Applicant Hired? _____ Yes _____ No Date Employed _____

Position _____
(If not hired, summary report of reasons should be placed in file)

Comments: _____

Termination of Employment

Date Terminated: _____ Dismissed _____ Voluntarily Quit _____ Other _____

Reason for Termination _____