

DRIVER'S APPLICATION FOR EMPLOYMENT

MERRILL SAND & GRAVEL, INC
2505 E. STURDEVANT STREET
MERRILL, WI 54452
PHONE: 715-536-6223 FAX: 715-536-6224
EMAIL: OFFICE@MERRILLGRAVEL.COM
(answer all questions - please print)

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER:

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. Applicants who, because of disability, require accommodations in the application process, are encouraged to make such needs known at the time of applying.

Date _____	
Position(s) applied for _____	Phone # _____
Name _____	Social Security No. _____
Last First Middle	
Date of Birth _____	Can you provide proof of age? Yes _____ No _____
<small>(Required for Commercial Drivers)</small>	

List your addresses of residency for the past 3 years:

Current Address	_____
Street	City
State	Zip Code
Phone	How Long? _____
Previous Addresses	_____
Street	City
State & Zip Code	How Long? _____

Do you have the legal right to work in the United States?	Yes _____	No _____
On what day would you be available for work?	_____	
Have you worked for this company before?	Yes _____	No _____
Dates: From _____	To _____	Rate of Pay _____
Reason for leaving _____	Position _____	
Are you now employed?	_____	If not, how long since leaving last employment? _____
Who referred you?	_____	

Is there any reason you might be unable to perform the functions of the job for which you have applied	Yes _____	No _____	If yes, explain: _____
Have you ever been convicted of a misdemeanor or felony?	Yes _____	No _____	
<small>(This company will consider your conviction record only as it may substantially relate to the position(s) for which you are applying.)</small>			
If yes, please explain _____			

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle** in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

**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)

Start with your present or last job. Explain any gaps in employment in comment section below.

EMPLOYER	Dates employed
ADDRESS	From _____ To _____
CITY	Work Performed
CONTACT PERSON	PHONE #
REASON FOR LEAVING	

EMPLOYER	Dates employed
ADDRESS	From _____ To _____
CITY	Work Performed
CONTACT PERSON	PHONE #
REASON FOR LEAVING	

EMPLOYER	Dates employed
ADDRESS	From _____ To _____
CITY	Work Performed
CONTACT PERSON	PHONE #
REASON FOR LEAVING	

EMPLOYER	Dates employed
ADDRESS	From _____ To _____
CITY	Work Performed
CONTACT PERSON	PHONE #
REASON FOR LEAVING	

EMPLOYER	Dates employed
ADDRESS	From _____ To _____
CITY	Work Performed
CONTACT PERSON	PHONE #
REASON FOR LEAVING	

EMPLOYER	Dates employed
ADDRESS	From _____ To _____
CITY	Work Performed
CONTACT PERSON	PHONE #
REASON FOR LEAVING	

Comments

"AN EQUAL OPPORTUNITY EMPLOYER"

EDUCATION

HIGH SCHOOL _____ Did you graduate Yes _____ No _____

COLLEGE _____ Did you graduate Yes _____ No _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

ACCIDENT RECORD

FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)
 IF NON, WRITE NON

DATES	NATURE OF ACCIDENT (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

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION 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 _____

DRIVING EXPERIENCE IF NONE, WRITE NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

"AN EQUAL OPPORTUNITY EMPLOYER"

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

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 inquiries 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.

Applicant's Signature _____

Date _____

For Personnel Department Use Only

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____

DEPARTMENT _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVG	POOR	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 _____

