



30252 US HWY 71 Sebeka, MN 56477

DATE: _____

EMPLOYMENT APPLICATION

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, veteran status, non-job related disability, or any other protected group status.

Position(s) Applying for _____

Date of Birth _____

Last Name

First Name

Middle Initial

Social Security Number

Current Address

City

State

Zip

How Long (Yr/Mo)

Previous Address (if above residents is less than 3 years)

City

State

Zip

How Long (Yr/Mo)

Home Telephone

Cell Phone

Email

☐ YES ☐ NO Have you ever filed an application with us before?

☐ YES ☐ NO Have you worked for this company before? If yes, dates _____

Reason for leaving? _____

How did you learn about our company? _____

Rate of pay expected _____ Are you currently employed? _____ If not, how long since leaving last employment? _____

☐ YES ☐ NO If you are under 18 years of age, can you provide the required proof of your eligibility to work?

☐ YES ☐ NO Do you possess a valid driver's license?

☐ YES ☐ NO Do you have the legal right to work in the United States?

☐ YES ☐ NO Is there any reason that would physically prevent you from lifting up to 50 pounds, or that you would be unable to perform the function of the job for which you have applied? If yes, please explain if you wish: _____

EDUCATION

Name and Location of High School, College,
University and/or Technical Schools

Did you Graduate?

Degree/Certificate

Major/Subject

YES NO

YES NO

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.

List employers starting with the most recent. Add another sheet as necessary.

PRESENT OR MOST RECENT EMPLOYER

DATE (MO/YR)

Company Name	From	To
--------------	------	----

Address	City	State	Zip
---------	------	-------	-----

Contact Person	Phone Number	Salary/Wage
----------------	--------------	-------------

Driver Applicants: Did you drive a vehicle requiring a CDL? YES NO

May we contact this employer? YES NO If no, please explain: _____

Position Held/Job Duties: _____

Reason for Leaving: _____

Company Name	From	To
--------------	------	----

Address	City	State	Zip
---------	------	-------	-----

Contact Person	Phone Number	Salary/Wage
----------------	--------------	-------------

Driver Applicants: Did you drive a vehicle requiring a CDL? YES NO

May we contact this employer? YES NO If no, please explain: _____

Position Held/Job Duties: _____

Reason for leaving: _____

Company Name	From	To
--------------	------	----

Address	City	State	Zip
---------	------	-------	-----

Contact Person	Phone Number	Salary/Wage
----------------	--------------	-------------

Driver Applicants: Did you drive a vehicle requiring a CDL? YES NO

May we contact this employer? YES NO If no, please explain: _____

Position Held/Job Duties: _____

Reason for leaving: _____

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS – DRIVER

Drivers Licenses held in the past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

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

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
If the answer to either A or B is YES, give details: _____

DRIVING EXPERIENCE (if none, write NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTOR COACH – SCHOOL BUS				
OTHER				

List states operated in for last five years: _____

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

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD for past 3 years (attach sheet if more space is needed) if none, write NONE

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Injuries	Fatalities	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES for past 3 years (other than parking violations) if none, write NONE

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

I am aware that a consumer report (motor vehicle record) will be obtained on me in the course of consideration for employment and at times throughout my employment.

I hereby authorize, without reservation, any party, state, or agency contacted by BECKER TRANSPORT & AGGREGATE, to furnish the above mentioned information.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

NAME: _____
(First, Middle, Last)

ADDRESS: _____
Street State Zip

DRIVERS LICENSE NUMBER: _____ STATE FOR DRIVERS LICENSE: _____

SIGNATURE: _____

EXPERIENCE AND QUALIFICATIONS

Please write the years of experience or training if they apply to the position you are applying for:

_____ Farm Equipment

_____ Heavy Equipment

_____ Other

List types of other equipment you can operate and years of experience: _____

List courses and training other than shown elsewhere in this application: _____

List any specialized training, apprenticeship, skills and extra-curricular activities: _____

REFERENCES

Please provide three references who are not related to you.

Name	Present Address	Phone

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 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.

Signature _____

Date _____

DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

*Review information provided by previous employers.

*Have errors in the information corrected by previous employers for those previous employers to re-send the correct information to the prospective employer, and

*Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____