

Position Applied For: _____ Today's Date _____

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

Name: _____
First Middle (Maiden Name, if any) Last

Address: _____
Street City State & Zip Code How Long?

Telephone: _____
Home Cell Email

Email: _____

Residences For Past Three Years

Address: _____
Street City State & Zip Code How Long?

Address: _____
Street City State & Zip Code How Long?

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES () NO () Please Refer to Job Description you are applying for today. IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

PLEASE DESCRIBE: _____

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
NAME ADDRESS

*** MN Residents Are not required to fill out this portion of the application ***

* Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

* 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.

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? _____

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate limitations of employees or applicants in order to accomplish the essential functions of the job.

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B.	Has any license, permit or privilege ever been suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C.	Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D.	Have you ever refused a drug/alcohol test? Or had a positive test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to A, B, or C is YES, attach a statement giving details

EMPLOYMENT RECORD

Note: DOT requires that Employment for at least 3 years and Commercial Driving Experience for the past 10 years be shown.

Name: _____
Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____
Did this job require you to have a Commercial Drivers License? Yes () No ()

Name: _____
Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
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Did this job require you to have a Commercial Drivers License? Yes () No ()

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Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____
Did this job require you to have a Commercial Drivers License? Yes () No ()

Name: _____
Address: _____
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____
Did this job require you to have a Commercial Drivers License? Yes () No ()

Are you presently employed? Yes () No ()

May we contact your previous employers? Yes () No () If yes, give name: _____

Have you been discharged or asked to resign from any job within the past five years? Yes () No () -If yes explain: _____ _____
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Military Did you serve in the U.S. Armed Forces? Yes () No () If Yes, in what Branch?
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MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Vehicle Maintenance

Indicate training and experience in the following	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Electrical Repair		
Diesel Engine Tune-up and rebuild			General Car Repair		
Gas Engine Tune-up and rebuild			Cooling System		
Tire Service			Brakes		
Trailer Repair			Inspections		

Shop Equipment

Indicate training and experience in the following	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Diesel Injection Equipment		
Forklift			Engine Rebuilding		
Stick Welder			General Car Repair		
Oxyacetylene Welder			Inspections (State/Federal)		

EXPERIENCE AND QUALIFICATIONS – CMV DRIVER

Driving Experience

Class of Equipment	Type of Equipment (Car, Van, Flat, Tank, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor Two Trailers				
Other				

Traffic Convictions and Forfeitures for the past 3 years, other than parking violations

Location	Date (list most recent first)	Charge	Penalty

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section when job requires driving

Date of Birth _____ The U.S. Dept of Transportation requires that driver applicants state their date of birth §391.21(b)(2)
 (month/day/year)

Social Security No. _____ - _____ - _____

Expiration Date _____
of current DOT medical card

TO BE READ AND SIGNED BY APPLICANT

AUTHORIZATION TO REVIEW DRIVING RECORD

Our Insurance company requires certification of insurability of potential employees; therefore, please complete and sign the following, pursuant to Article 6687b Sec. 37, V.A.C.S

Covering the last three years, list any traffic accidents in which you were involved and all traffic citations in which you received. List the City, and a brief description of the accident or citation and date of occurrence.

1. Date _____ Nature of Accident _____ City _____
2. Date _____ Nature of Accident _____ City _____
3. Date _____ Nature of Accident _____ City _____
4. Date _____ Nature of Accident _____ City _____

Signature _____ Print Name _____ Date _____

Drivers Lic. No. _____ State _____ Expiration Date _____

Check Class Type Operator A _____ B _____ D _____ CDL _____ Endorsements _____

Date of Birth _____ Address on License _____

APPLICANT'S STATEMENT

CERTIFICATION: I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false statements herein will void this application and any actions based on it. I authorize Steffl Drilling & Pump Inc. to conduct job-related inquiries into my credit history, medical history, criminal history, employment record, and driving record when deemed necessary by Steffl Drilling & Pump Inc.

I understand and agree that I may be required to submit to a pre-placement physical and / or psychological examination and drug screen by a licensed physician and / or psychologist to confirm my ability to perform the essential functions with or without reasonable accommodation of any position offered to me. Information obtained regarding my medical condition or history shall be collected and maintained on separate forms in separate medical files and shall be treated as confidential except that relevant supervisors / managers may be informed regarding necessary restrictions an or accommodations. The results of any such physical examination shall be used only in accordance with the Americans with Disabilities Act.

I understand and agree that Steffl Drilling & Pump Inc. is an AT-Will employer and nothing contained in this employment application, our policies and procedures, or anything stated in an employment interview or letter offering employment shall be construed to create a contractual employment relationship or property interest; no supervisor has any authority to modify the AT-WILL status of employment. I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Applicant's Signature

Today's Date

Applicant's Printed Name

Driver insurability is determined from your MVR and our current insurance carrier. Interview appointments are set up after receipt of this report and return of previous employer inquiry.

Thank you for applying at Steffl Drilling & Pump Inc 2295 66th Ave NE Willmar MN 56201

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

To Previous Employer:

Under the Federal Motor Carrier Regulation, DOT section 391.23, previous employers of commercial motor vehicle operators have 30 days to complete the employment and safety performance history information requested.

Please fill out the form below and return via fax # listed below or by return mail listed below.

Thank you for your cooperation.

From: Steffl Drilling & Pump Inc. 2295 66th Ave NE Willmar Mn 56201 320-235-8484 Date Mailed: _____

To: **Applicant to fill** in Name and Address of previous employer _____

Applicant Social Security: # # # - # # - _____ **Applicant:** _____

has made application to this company for a position as a _____

And states that he/she was employed by you as _____ from _____ to _____

Will you please reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. We have enclosed a self-addressed stamped envelope for your convenience.

Previous CDL Employer - Please Complete and return

Very truly yours,

Mike & Roxy Steffl

1. Are the employment dates with your company correct as stated above? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight Truck _____ Bus _____
Tractor-Semi trailer _____ Other(specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. (if any) _____
6. Reason for leaving your Company: Discharged _____ Laid Off _____ Resigned _____
Remarks: _____
7. Was the applicant's general conduct satisfactory? _____
8. Would you re-employ this person? Yes () No () Please explain _____

9. Did the employee ever refuse a drug/alcohol test or have a positive test while employed by you? Yes () No ()

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Signature: _____ Date: _____

Name of Company: _____

Return Fax Number: 320 235 4848

Telephone Number: 320 235 8484

Mailing Address: Steffl Drilling & Pump Inc. 2295 66th Ave NE Willmar MN 56201-9183

(Previous Employer - please keep this portion for your records)

(Name of Former Employer receiving request for previous employee information) Date: _____

You are hereby authorized to give to **Steffl Drilling & Pump Inc @ 2295 66th Ave NE Willmar MN 56201**

all information regarding my services, character, and conduct while employed by you, for the purpose of investigation as required by DOT 391.23 you are released from any and all liability which may result from furnishing such information to the above named company.

(Applicant's Signature) Date: _____

STEFFL DRILLING & PUMP INC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize **Steffl Drilling & Pump Inc** to obtain one or more consumer reports on me for employment-related purposes, as indicated above.

Please Print – First Name, Middle Initial, Last Name

Signature

Date