

Application for Employment



4090 Hwy 49 - Glen Ullin, ND 58631  
701-348-3610

**Personal Information**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Address/Box City State ZIP Code

Permanent Address \_\_\_\_\_  
Address/Box City State ZIP Code

Phone # \_\_\_\_\_ Message # \_\_\_\_\_ Drivers License? Yes \_\_\_ No \_\_\_ Class \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Name Phone # Relationship

**Education/Training**

Circle Highest Grade Completed: 7 8 9 10 11 12 GED 13 14 15 16 17 18

Date of GED or High School graduation: \_\_\_\_\_

Loader exp: \_\_\_\_\_

Forklift exp: \_\_\_\_\_

Wash Plant exp: \_\_\_\_\_

Welder exp: \_\_\_\_\_

Torch exp: \_\_\_\_\_

Mechanical exp: \_\_\_\_\_

**Driving Experience**

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

**Physical History**

The U. S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR 391 Subpart E.

Date of last Department of Transportation prescribed physical examination \_\_\_\_\_

**Accident record for past 3 years or more (Attach sheet if more space is needed)**

Dates	Nature of Accident (Head-On, Rear-End, Etc.)	Injuries	Fatalities
Last Accident			
Next Previous			
Next Previous			

**Military Information**

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_  
 Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, may we contact your present employer? Yes \_\_\_ No \_\_\_

**Please complete the work history section, starting with your present or most recent job first.**

Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
 Job Title \_\_\_\_\_ What did you do? \_\_\_\_\_  
 Equipment Operated \_\_\_\_\_  
 Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
 Job Title \_\_\_\_\_ What did you do? \_\_\_\_\_  
 Equipment Operated \_\_\_\_\_  
 Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_  
 Job Title \_\_\_\_\_ What did you do? \_\_\_\_\_  
 Equipment Operated \_\_\_\_\_  
 Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Please summarize any other work history you may have: \_\_\_\_\_  
 \_\_\_\_\_

**References:** Please list below three individuals who are not related to you and are not previous employers.

Name	Address	Phone #

I hereby authorize the above listed references and past work history to release information to Abrasives Incorporated for the purpose of possible employment, and for Abrasives Inc to do a personal history and credit check. I hereby authorize Abrasives Inc and Kramer Insurance Agency to do a Motor Vehicle Report for determination of employment. Abrasives Inc will hold any information received in strict confidence. Abrasives Inc is an equal opportunity employer.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_