

# Rochester City Lines

## DRIVER'S APPLICATION FOR EMPLOYMENT

1825 North Broadway  
Rochester, MN 55906  
(507) 288-4353

Printed applications must be submitted in person Monday through Friday to our main office located at 1825 North Broadway in Rochester, Minnesota. To check on current openings, interested parties may call 507-424-6284 and ask for Mike.

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.

Date of application \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last, First, Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street, City, State, Zip

Current telephone \_\_\_\_\_ How long? \_\_\_\_\_

Previous  
Addresses \_\_\_\_\_  
Street, City, State, Zip How long?

\_\_\_\_\_  
Street, City, State, Zip How long?

\_\_\_\_\_  
Street, City, State, Zip How long?

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

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ When? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since leaving last job \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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

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# 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.

| EMPLOYER         |           | DATE               |    |
|------------------|-----------|--------------------|----|
| NAME             |           | FROM               | TO |
| ADDRESS          |           | POSITION HELD      |    |
| CITY, STATE, ZIP |           | SALARY/WAGE        |    |
| CONTACT PERSON   | TELEPHONE | REASON FOR LEAVING |    |

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes      No  
 Were you subject to 49 CFR part 40 substance and alcohol testing during this period? Yes      No

| EMPLOYER         |           | DATE               |    |
|------------------|-----------|--------------------|----|
| NAME             |           | FROM               | TO |
| ADDRESS          |           | POSITION HELD      |    |
| CITY, STATE, ZIP |           | SALARY/WAGE        |    |
| CONTACT PERSON   | TELEPHONE | REASON FOR LEAVING |    |

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| ADDRESS          |           | POSITION HELD      |    |
| CITY, STATE, ZIP |           | SALARY/WAGE        |    |
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| EMPLOYER         |           | DATE               |    |
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| NAME             |           | FROM               | TO |
| ADDRESS          |           | POSITION HELD      |    |
| CITY, STATE, ZIP |           | SALARY/WAGE        |    |
| CONTACT PERSON   | TELEPHONE | REASON FOR LEAVING |    |

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes      No  
 Were you subject to 49 CFR part 40 substance and alcohol testing during this period? Yes      No

Attach additional sheet if necessary for additional employers.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

| DATES | TYPE OF ACCIDENT (HEAD-ON, REAR-END, ROLLOVER, ETC.) | FATALITIES | INJURIES |
|-------|--|------------|----------|
|       |  |            |          |
|       |  |            |          |
|       |  |            |          |
|       |  |            |          |

Traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write none.

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 5

LAST SCHOOL ATTENDED \_\_\_\_\_

### DRIVER EXPERIENCE AND QUALIFICATIONS

#### DRIVER LICENSES

| STATE | LICENSE NUMBER | 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 \_\_\_\_\_
- C. Have you ever tested positive in a pre-employment drug test? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Have you ever refused to take a drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

IF THE ANSWER TO A, B, C, OR D IS YES, ATTACH STATEMENT GIVING DETAILS.

### DRIVING EXPERIENCE

IF NONE, WRITE NONE

| CLASS OF EQUIPMENT      | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | FROM | TO | TOTAL MILES |
|-------------------------|---|------|----|-------------|
| STRAIGHT TRUCK          |   |      |    |             |
| TRACTOR, SEMI-TRAILER   |   |      |    |             |
| TRACTOR-DOUBLES-TRIPLES |   |      |    |             |
| MOTORCOACH-SCHOOL BUS   |   |      |    |             |
| OTHER                   |   |      |    |             |

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL TRAINING**

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

LIST ANY ADDITIONAL COURSES, TRAINING, SPECIAL SKILLS OR EQUIPMENT YOU CAN WORK WITH.

**TO BE READ AND SIGNED BY APPLICANT**

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.

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. I hereby release employers, schools, health care providers and other persons from all liability in responding inquiries and releasing information in connection with my application. Applicant has the right to review information provided by previous employers. The right to have errors in the information corrected by the previous employer and that new information is re-sent to prospective employer. The applicant also has the right to attach a rebuttal statement to the alleged erroneous information, if both parties cannot agree on the accuracy of the information.

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 Rochester City Lines. Applications will only be kept for 30 days. Applicants would need to re-apply afterwards if not contacted.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

May 16<sup>th</sup>, 2011

**FOR HUMAN RESOURCE PERSONNEL USE ONLY**

Date Reviewed: \_\_\_\_\_

Interview: Y/N Date: \_\_\_\_\_

Hold

Hire

Employee Status: FTE \_\_\_\_\_ PT \_\_\_\_\_ Split \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Employee ID # \_\_\_\_\_

Hourly/Salary Rate: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_