



Corporate Office:
 3101 37th St. NW
 Mandan, ND 58554
 Phone: 701-751-5822
 Fax: 701-751-5826

Branch Office:
 4500 43rd Street N
 Grand Forks, ND 58203
 Phone: 701-751-5822

Personal Contact Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address/Post Office Box: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Email: _____

Position Applied For: _____

Date of Birth: ____ / ____ / ____ Can you provide proof of age? Yes No

Required for Commercial Drivers

Have you worked for this company before? No Yes

Dates From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for Leaving: _____

Are you now employed: Yes No If not, how long since last employment: _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been bonded? _____ Name of Bonding Company: _____

Have you ever been convicted of a felony? Yes No

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.

Availability Information

Check if you are willing to accept

- Full Time
- Part Time
- Permanent
- Temporary
- Seasonal

Check if you are willing to work

- Days
- Evenings
- Nights
- Rotating Shift
- Split Shift

Check the days you are available to work

- Sundays
- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays
- Saturdays

Availability Information Comments: _____

Educational Background Information

Highest Grade Completed: _____

Occupational License/Certificates

Certificate/License Name	Organization	Completion Date

List qualifications, special skills or abilities you have, or equipment you can operate.

Military Background Information

Are you a veteran? Yes No

Driver License Information

Do you have a valid driver license? Yes No

Driver License Type & Issuing State: _____

*****If you have a CDL please fill out last page as well**

Employment History

Complete this section beginning with your current or most recent employer.

Employer Name/Location	
Job Title	
Start Date/End Date	
Salary/Per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other
Job Duties	

Employment History-Next Most Recent Employer

Employer Name/Location	
Job Title	
Start Date/End Date	
Salary/Per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other
Job Duties	

Employment History-Next Most Recent Employer

Employer Name/Location	
Job Title	
Start Date/End Date	
Salary/Per	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other
Job Duties	

Employment History-Summary of Other Work History

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Signature of Applicant: _____

Date: _____

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

Dates:	Nature of Accident (Head-on,Rear-End Etc)	Fatalities	Injuries	Hazardous Materials Spills
Last:				
Next:				
Next:				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Experience and Qualifications-Driver

List all driver licenses or permits held in the past 3 years

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

IF THE ANSWER TO EITHER A or B IS YES, GIVE DETAILS:

DRIVING EXPERIENCE Check Yes or No

Class of Equipment	Type of Equipment	Dates From - To (M/Y)	Approx. No of Miles(Total)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van,Tank,Flat,Dump,Refer)		
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van,Tank,Flat,Dump,Refer)		
Tractor-Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van,Tank,Flat,Dump,Refer)		
Tractor-Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van,Tank,Flat,Dump,Refer)		
Motorcoach-School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			

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?

Experience & Qualifications-Other

Show any trucking, transportation or other experience that may help in your work for this company.

List courses & training other than shown elsewhere in this application

List special equipment or technical materials you can work with (Other than those already shown)

