



APPLICATION FOR DOT DRIVER EMPLOYMENT (1/23/19)

930 Highway 2 Proctor, MN 55810 • jobs@hartels.com

(An Equal Opportunity Employer)

Notice: Hartel's Disposal is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law...

If you are hired by Hartel's Disposal you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason.

NOTICE: THE LAW AND/OR POLICIES OF HARTEL'S DISPOSAL MAY DISQUALIFY AN INDIVIDUAL WITH A PARTICULAR CRIMINAL HISTORY BACKGROUND FROM EMPLOYMENT IN PARTICULAR POSITIONS

Answer ALL Questions Completely and Accurately - Please Print - Be Sure to Complete ALL Questions Fully and Accurately!

Full Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

If you have not resided at this address for the last three (3) years, please attach a list of all addresses for the past three (3) years.

Telephone No: (_____) _____ Email Address: _____

How / where did you hear about job opening? _____

Were you referred to our Company by anyone? If so, who? _____

What special qualifications do you have for this position? _____

What machines can you operate? _____

Date of Birth: _____ Social Security No: _____

If hired, can you furnish proof that you are eligible to work in the United States? (Answer Yes or No) _____

DRIVERS LICENSE AND DRIVING RECORD

If your employment requires you to drive any vehicle or equipment as part of your work duties, your motor vehicle driving records must be and will be verified before your employment begins.

License Number _____ Class _____ State _____

What date does your license expire? _____

Do you carry an ICC Physical card (Health Card)? (Answer Yes or No) _____

Do you have a CDL, Commercial Drivers License? (Answer Yes or No) _____

If yes, please list the issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you: _____

EDUCATION

Name of School	City and State	Course of Study
High School		
College		
Other		

WORK EXPERIENCE

List last **THREE (3)** years of general experience and the last **TEN (10)** years of experience with commercial motor vehicles.

Company	From/To	Duties	Salary Start/Finish	Reason for Leaving

Have you ever served in the Military? _____ If Yes, which Branch and Rank? _____

Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated: _____

List all motor vehicle accidents in which you were involved during the last three (3) years, specifying the date and nature of each accident and any fatalities or personal injuries it caused: _____

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) which you were convicted or forfeited bond or collateral during the last three (3) years: _____

Have you ever had a motor vehicle license, permit, or privilege denied, revoked, and/or suspended? (Answer Yes or No) _____

If yes, describe, in detail, the facts and circumstances of the denial, revocation, and/or suspension: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employers?

If **YES**, please list previous employer's names

Were any of your previous jobs designated as a safety sensitive function subject to the drug and alcohol testing?
If **YES**, please list previous employer's names

Have you ever been fired, laid off or asked to resign by an employer? (Answer Yes or No) _____

If **YES**, please explain: _____

REFERENCES

Give complete address and telephone numbers. DO NOT list friends and relatives – We request at least TWO supervisors or co workers.

Name	Address / Phone	Relationship

Hartel's Disposal has a Drug-Free Workplace Program (DFWP) in place for all CDL drivers. You may be asked to provide a medical history, submit to a drug and/or alcohol test and/or physical/medical examination if you are made a conditional offer of employment. Are you willing to do so? (Answer Yes or No) _____

ACKNOWLEDGMENT: PLEASE READ AND SIGN (if you agree)

By my signature below, I promise that the information provided in this employment application (and any related information provided by me) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date, no matter how long I have been employed. I agree to immediately notify Hartel's Disposal if I should be convicted of or plead guilty to any crime during my period of employment if hired by Hartel's Disposal.

I authorize Hartel's Disposal (the "Employer") to obtain and/or to provide any and all information and opinion which the Employer elects to obtain, use or provide in connection with my application for employment and/or any employment with the Employer, prior to, during and after my employment. Such information and opinion may be sought from any and all prior employers (except as noted above), schools or other persons or organizations who may have information the Employer deems relevant in connection with my application for employment and during my employment, and may be provided by the Employer in response to any request for information and opinion concerning my employment or my separation from employment with the Employer, to any and all banks or mortgage companies, governmental agencies, insurers, prospective employers or other schools, persons or organizations deemed appropriate for receipt of such information by the Employer. I understand that the Employer may provide any and all information and opinion, which may include, but is not limited to, opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold the Employer (including its principals, employees, agents, consultants, attorneys and insurers) and any such other employer, school, person or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action arising from any such provision or receipt of information and opinion, no matter what its character.

I understand that my former employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 C.F.R. 391.23(d) and (e). I understand I have the right to review information provided by previous employers, have errors in the information corrected by previous employer and for those previous employers to re-send the corrected information, and to have a rebuttal statement attached to the alleged erroneous information if my previous employer and I cannot agree on the accuracy of the information.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGATED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED HARTEL'S DISPOSAL POLICIES, AND THAT HARTEL'S DISPOSAL DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, NOTICE OR PRIOR WARNING OR DISCIPLINE. I UNDERSTAND THAT NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS STATED IN THIS EMPLOYMENT APPLICATION.

Applicant's Signature _____

Date _____

This form has been designed to comply with State and Federal Fair Employment Practice Laws prohibiting employment discrimination.

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to Hartel's Disposal (Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 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 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester)

(Date)

TO:

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

ADDRESS:

(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS:

(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

Hartel's Disposal _____
(Name of Company) (Typed Name)

930 Hwy 2 _____
(Address) (Title)

Proctor _____ MN 55810 _____
(City) (State) (Zipcode) (Signature)