

## **DEAN'S TOWING**

1164 W. Frontage Rd Owatonna, MN 55060 507-455-1950



#### APPLICATIONS WILL REMAIN ACTIVE FOR 30 DAYS

### **DRIVER APPLICATION**

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin or disability.

Full Name						
		Social Security No				
Last Date of Birth	First	Middle				
Phone		In case of Eme	ergency No	tify		
ADDRESSES LAST 3 Y	EARS					
Street		City		State		_Zip
Street		City		State		_Zip
Street		City		State		_Zip
License Type (i.e. CDL C Have you ever been der Has your license, permi	umber lass A, Class 1, etc.) nied a permit, license, or p t or privilege been suspen	rivilege to operate ded or revoked? Ye	List CDL End a commerci es / No	orsements al motor vehicle		
Applicant list the stat State Licen	es and license numbers se# Exp.	of all licenses hel Date Class	•	•	sements	
TRACTOR TRAILER BUS	TYPE OF EQUIPMENT	DATES (FROM /		APPROX # DF MILES	STATES YC DRIVEN	
POWER EQUIPMENT STRAIGHT TRUCK TRACTOR TRAILER		DATES (FROM /		APPROX #	STATES YC	

EDUCATION			
	DE COMPLETED 7	8 9 10 11 12 COLLEGE 1 2	3 4
		0 9 10 11 12 001101 1 2	
		DERAL MOTOR CARRIER SAFETY F	REGULATIONS? YES / NO
		WHEN WILL YOU BE AVA	
			ISE OF IMMIGRATION STATUS? YES / NO
EMPLOYMENT HISTORY	FOR PAST 10 VEAR	ς - ΝΟ GAPSI	
		NG SERVICES / DEAN'S TOWING B	FFORE? VES / NO
			•
Ι ΔST ΕΜΡΙ ΟΥΕΒ			PHONE
START DATE	FND	ΡΟΣΙΤΙΟΝ	SUPERVISOR
REASON FOR LEAVING			
Were you subject to the f			
			node subject to the drug and alcohol testing
requirements of 49 CFR P	•		
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#### NOTICE TO APPLICANT

Applicant – If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? YES / NO PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS.

391.23(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years via the application form or other written document prior to any hiring decision – that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested

#### MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual. I agree and understand that if qualified, I will be on a probationary period during which time I may be discharged without recourse. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed to used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials

# This company requires all Drivers who drive Commercial Motor Vehicle (CMV) which require a Commercial Drivers License (CDL), to be controlled substance tested with a negative result prior to driving. Do you consent to such testing? YES / No

In the past 2 years have you:

Tested positive for any Controlled Substances pre-employment test for any other company?	YES / NO
Test above .04 on any Alcohol pre-employment test for any other company?	YES / NO
Refused to be tested for any pre-employment test for any other company?	YES / NO

If you answered "yes" to any of the above questions, provide the following information on the Substance Abuse Professional (SAP) you consulted.

Name of SAP:			
Street Address:			
City:	State:	Zip:	
Phone Number			
Date(s) Visited:			
Signed:	Date:		