



S.M. Hentges & Sons, Inc.
650 Quaker Avenue, Suite 200
Jordan, MN 55352
952.492.5700 • Fax 952.492.5705

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Personal Information

Date: _____

Name: _____

Present Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Social Security Number _____ - _____ - _____

Drivers License Number: _____ Union Affiliation: _____

Are you either a U.S. Citizen or an Alien authorized to work in the United States: _____ Yes _____ No

Employment Desired

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? _____ Yes _____ No If so may we inquire of your present employer _____

Ever applied to this Company before? _____ Yes _____ No If so when? _____

Referred By: _____ Name & Department _____

Will you abide by the policies, procedures and rules of this company _____ Yes _____ No

If injured, will you accept the medical facilities recommended by your employer? _____ Yes _____ No

Education

Grade/High School – Last Completed _____ Graduated? Yes _____ No _____

College Yes _____ No _____ Course of study _____ Graduated? Yes _____ No _____

Vocational School Yes _____ No _____ Course of study _____ Graduated? Yes _____ No _____

Training/Apprenticeships yes _____ No _____ Course of study _____ Graduated? Yes _____ No _____

Special Skills: _____

U.S. Military or Navel Service _____ Rank _____

Present membership in National Guard or Reserves _____

Former Employers

NOTE: DOT requires that employment for at least 3-years and/or commercial driving experience for the past 10-years be shown

Date Month/ Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquaintance

DOT APPLICANTS ONLY

Drivers License Information

State	Licenses Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date From:	Date To:	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi Trailer				
Tractor / Two Trailers				
Other				

Accident record for past 3-years or more

Dates	Nature of Accident (head-on, rear-end, upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			
Next Previous			

Traffic Convictions and forfeitures for the past 3-years (other than parking violations)

Location	Date	Charge	Penalty

- 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, attach a statement giving details

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I understand that alcoholic beverages or drugs are forbidden from the job site and also understand that use of alcohol or drugs may be grounds for discharge.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no defined period and may, regardless of the date of payment of my wage and salary be terminated at any time without prior notice and without cause.

Signature: _____

Date: _____

Notification of Drug Test Requirement
S.M. Hentges & Sons, Inc.

As an employer concerned with the safety of its employees, the general public and the users of the nation's highways.

If you meet all of the company, federal and state pre-employment requirements, and job offer is made where duties include laborer, operating company trucks, equipment and/or office help, you will be required to take a test to determine the presence of illegal drugs. The tests are capable of detecting trace amounts of drugs for up to thirty-days following use.

A negative drug test report must be received in order to be considered for employment.

The drug policy is available in the office. Please contact the payroll department if you wish to review it.

Applicants Signature

Date

DOT APPLICANTS ONLY

Acknowledgement of Employer's Right and Need for MVR Information

Date: _____

Employee: _____

The employee (undersign) understands the employer must comply with statutory insurance requirements as they pertain to employee driving employer's vehicles and/or use of employee's vehicle on the job. By the signature below, the employee acknowledges and agrees that the employer is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from employee and/or third parties.

Employer and employees understand that use of these records is limited to employer's obligation to comply with statutory insurance requirements and/or with underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records herein specified.

Employee Driver License Number _____

State of Issue _____

Signature of Employee _____

Signature of Employer _____

This form authorizes employer to check my motor vehicle record periodically without further consent. This authorization expires upon termination of my employment.

Employee Signature: _____ Date: _____