# HTI Logo by Rachel in Red.jpgApplication for Employment

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applying for: TAXI DRIVER BUS DRIVER VAN DRIVER OTHER

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street City State ZIP
Emergency Contact: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you legally eligible for employment in the United States (circle one): YES NO
2. Have you resided in Minnesota for the last five years? YES NO
3. Have you ever been discharged by an employer? YES NO
4. Have you ever been charged with driving while intoxicated (DWI)? YES NO
5. Have you ever been charged with over .10 BAC? YES NO
6. Have you ever had an implied consent violation? YES NO
7. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
8. Have you had any license, permit, or privilege to operate a vehicle suspended or revoked? YES NO
*If the answer to any questions 3-9 is “yes” please attach a separate sheet of paper explaining. Please note:
you will not be hired if you are not able to procure the school bus endorsed CDL. Certain felonies certain misdemeanors will result in a denial of the endorsements.*

Describe any accidents during the last TEN years:

Describe Traffic Convictions and Forfeitures during the last FIVE years.

Describe Employment: Include company names, addresses, phone numbers, and the name(s) of your supervisor(s). A company name is not sufficient! All driver applicants must provide information on ALL employers during the preceding three years. Applicants to drive a commercial motor vehicle must provide seven years’ information on those employers for whom the applicant operated such vehicle. Attach additional sheets as necessary.

1. Company Name: Supervisor:
Address: Telephone:

Dates of Employment: from \_\_\_\_\_\_\_ to \_\_\_\_\_ Weekly Pay:

State job title and describe your work, and your reason for leaving:

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State job title and describe your work, and your reason for leaving:

Explain any gaps in employment:

How many days were you absent in the last five years without prior permission from your employer for reasons other than illness?

Describe your education, including special skills and training:

Have you ever tested positive for or refused and Alcohol or Controlled Substance Test? YES NO
If yes, are you currently seeing an SAP? YES NO

***Controlled Substance Testing:*** *The Omnibus Transportation Employee Testing Act of 1991 requires that all drivers whose job duties include operating a commercial motor vehicle (CMV) or school bus, and who are required to hold a commercial driver’s license (CDL) shall be subject to controlled substance (drug) and alcohol testing.*

*All drivers whose job duties include driving a company vehicle functioning as a school bus shall be subject to testing. All applicants, including persons currently employed by the company, that apply for a position where the job duties include operating a commercial motor vehicle or any type of school bus, will be required to submit to a controlled substance (drug) test and provide certain information on past controlled substance and alcohol tests, if a conditional job offer is made.*

***Multiple-Employer Drivers:*** *A motor carrier must ensure that a multiple-employer driver is currently participating in drug and alcohol testing programs as required by Part 382 of the Federal Motor Carrier Safety Regulations. We ensure compliance by requesting documentation in writing and by requiring a Pre-Employment Drug Test prior to commencing any safety-sensitive work. Information related to results will be maintained in a secure location with controlled access.*

*Your signature certifies that the information provided in this application for employment was completed by the signor, and is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in your dismissal. This signature authorizes the company to make such investigations and inquiries of personal, employment, financial, medical history and other related matters as may be necessary to arrive at an employment decision.*

*By signing, you acknowledge the offer of employment does not create a contractual obligation for the employer to continue to employ the signer in the future. The position is an at-will position. An at-will employee may be discharged at any time and for any reason with or without cause.*

*By signing, you agree to pay for any expenses Hoglund Transportation may incur at the expense of hiring you if you stay less than twelve months, this includes, but is not limited to: training expenses, drug and alcohol testing and a DOT physical. Drivers that stay less than twelve months may be billed at a prorated rate and are subject to getting their CDL downgraded back to class D.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_