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Date \_\_\_\_\_

## EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position(s) Applying for					
Last Name		First Name	Middle Initial	Social Security	
Current Address		City	State	Zip	How Long (yr/mo)
Previous Address (If above residence is less than 3 years)		City	State	Zip	How Long (yr/mo)
Home Telephone		Mobile		Email	

- YES     NO    Have you ever filed an application with us before?
- YES     NO    Have you worked for this company before? If yes, dates \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

How did you learn about our company? \_\_\_\_\_ If Referral by who \_\_\_\_\_

Rate of pay expected \_\_\_\_\_ Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

- YES     NO    If you are under 18 years of age, can you provide the required proof of your eligibility to work?
- YES     NO    Do you possess a valid driver's license?
- YES     NO    Do you have the legal right to work in the United States?
- YES     NO    Is there any reason you might be unable to perform the functions of the job for which you have applied.

If yes, explain if you wish. \_\_\_\_\_

EDUCATION			
Name and Location of High School, College, University and Technical Schools	Did you Graduate?	Degree or Certificate	Major or Subject
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

MILITARY STATUS	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you served in the US Armed Forces? Branch _____ Date _____

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional **7 years'** information on those employers for whom the applicant operated such vehicle.

List employers starting with the most recent. Add another sheet as necessary.

PRESENT OR MOST RECENT EMPLOYER				DATE			
Company Name				FROM		TO	
				MO	YR	MO	YR
Address		City	State	POSITION HELD			
Contact person		Phone Number		SALARY/WAGE			
<i>DRIVER APPLICANTS:</i> Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.							
Position held/Job duties							

Company Name				FROM		TO	
				MO	YR	MO	YR
Address		City	State	POSITION HELD			
Contact person		Phone Number		SALARY/WAGE			
<i>DRIVER APPLICANTS:</i> Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.							
Position held/Job duties							

Company Name				FROM		TO	
				MO	YR	MO	YR
Address		City	State	POSITION HELD			
Contact person		Phone Number		SALARY/WAGE			
<i>DRIVER APPLICANTS:</i> Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.							
Position held/Job duties							

Company Name				FROM		TO	
				MO	YR	MO	YR
Address		City	State	POSITION HELD			
Contact person		Phone Number		SALARY/WAGE			
<i>DRIVER APPLICANTS:</i> Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain.							
Position held/Job duties							

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

## EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

Date of Birth (Required for Commercial Drivers) \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

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 if none, write **NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

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? \_\_\_\_\_

### ACCIDENT RECORD for past 3 years (attach sheet if more space is needed) if none, write **NONE**

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Injuries	Fatalities	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

### TRAFFIC CONVICTIONS AND FORFEITURES for past 3 years (other than parking violations) if none, write **NONE**

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

I am aware that a consumer report (motor vehicle record) will be obtained on me in the course of consideration for employment and at times throughout my employment.

I hereby authorize, without reservation, any party, state, or agency contacted by DENSPRI LLC, to furnish the above mentioned information.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

NAME: \_\_\_\_\_  
(First, Middle, Last)

ADDRESS: \_\_\_\_\_  
Street State Zip

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE FOR DRIVERS LICENSE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS

Please write the years of experience or training if they apply to the position you are applying for:

\_\_\_\_\_ Demolition                      \_\_\_\_\_ Heavy Equipment                      \_\_\_\_\_ Labor

\_\_\_\_\_ Asbestos Worker                      \_\_\_\_\_ Confined Space                      \_\_\_\_\_ HazMat 40 Hour  
\_\_\_\_\_ HazWoper 40 Hour                      \_\_\_\_\_ OSHA 10 or OSHA 30                      \_\_\_\_\_ Other \_\_\_\_\_

List types of other equipment you can operate and years of experience \_\_\_\_\_  
\_\_\_\_\_

List courses and training other than shown elsewhere in this application \_\_\_\_\_  
\_\_\_\_\_

Describe any specialized training, apprenticeship, skills, and extra-curricular activities \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please provide three references who are not related to you.

Name	Present Address	Phone

### TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- \* Review information provided by previous employers;
- \* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- \* Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_