

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer
Wm. D. Scepaniak, Inc.
Box 299
Holdingford, Mn 56340
Telephone: 320-746-3331
Fax: 320-746-2296

Signature of Applicant

Date

Name _____

Phone () _____

First

Middle

Last

Cell: () _____

Current Address: _____

Street

City

State

Zip Code

Email Address: _____

Date of Birth _____

Social Security # _____

Position applying for _____

Temporary ___

Part Time ___

Full Time ___

Are you willing to work days? Yes ___ No ___

Are you willing to work nights? Yes ___ No ___

Are you willing to work week-ends? Yes ___ No ___

Are you willing to work away from home? Yes ___ No ___

Who referred you? _____

Rate of pay expected? _____

Have you worked for this company before? _____

Dates: From _____

To _____

month/year

month/year

Where? _____

Rate of pay _____

Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____

If not, how long since last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Where did you attend high school? _____

Last school attended _____

Name

Address

GENERAL

DRIVER EXPERIENCE & QUALIFICATION

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

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "yes" to the above questions, attach a statement giving details.

Driving Experience Class of Equipment	Type of Equipment (van,tank,flat,etc.)	Dates		Approximate total miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Belly-Dump				
Tank Trailer				
Other				

List states operated in during the last five years _____

List special courses or training that will help you as a driver. _____

List driving awards held and who awards were presented by? _____

Equipment Operators Experience

Type of Equipment	Dates		Approximate hours worked!	Name of company worked for!
	From:	To:		
Loader				
Bulldozer				
Crusher				
Motor Grader				
Roller Operator				
Other				

List any courses and training in maintenance work _____

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show **all employment for the past three years**. Effective July, 1987 they must also show commercial driver employment for the seven years immediately proceeding this year period. @391.21 (B) (10),(11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

Employer: _____ Supervisors Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary _____
Month/Year Month/Year

Reason for leaving: _____

Employer: _____ Supervisors Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary _____
Month/Year Month/Year

Reason for leaving: _____

Employer: _____ Supervisors Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary _____
Month/Year Month/Year

Reason for leaving: _____

Use back for additional employment!

Please complete a release of information for each employer for the past three years (see last page of application, please ask for additional forms if needed).

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any or all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public La3w91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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 Signature

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers / government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for employment.

(Please Print)

Date _____

Position (s) Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other

Name: _____ Phone: (____) _____
Last First Middle

Address: _____
Street City State ZipCode

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:

_____ Male: _____ Female

Check one of the following Race Ethnic Group:

_____ White _____ Black _____ Hispanic
_____ American Indian/ Alaskan Native _____ Asian/ Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual

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DRUG FREE WORK PLACE / DOT

Pre-employment drug testing notification and consent

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and Wm. D. Scepaniak, Inc. policy, all prospective employee's must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances; marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that, if I test positive for use of controlled substances, I am not medically qualified to drive any motor vehicle or operate equipment. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any tests will not be released to any additional parties, except as provided in 40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

Date:

Applicant's Name

Applicant's Signature

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. The information which I have provided in accordance with paragraph (b)(10) of 49CFR section 391.21 may be used by Wm. D. Scepaniak, Inc.

As necessary in arriving at an employment decision, I authorize Wm. D. Scepaniak, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters for the purpose of meeting the safety performance history information as required at minimum (including optional [PSP-FMCSA Roadside Inspection, Crash, and Inspection Data, "DIR" reports]) by paragraphs (d) and (e) of 49CFR section 391.23, and also other electronic or further reference investigation when needed to fully understand driver(s) past work and safety history/experience.

Driver previous work experience rights provided by FMCSA 391.23(i)(1):

1. The right to review information provided by previous employers
2. 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
3. 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

It is Wm. D. Scepaniak, Inc.'s intention to perform a criminal background check on all applicants. 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.

I hereby authorize release of all records of employment, including assessments of my job performance, ability, and fitness (including date of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release these companies listed below, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to Wm. D. Scepaniak, Inc.

Print Name

Signature

Date

Social Security Number

List the Names of All Employers You Have Had in the Last Three (3) Years:

Employer (Employer name, City & State):	Supervisor/Contact:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In order to not discriminate against different employee classes, all of the above is applied to all employees.