

BERGERSON-CASWELL, INC.

5115 INDUSTRIAL STREET, MAPLE PLAIN, MN 55359

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

PERSONAL INFORMATION

DATE _____

NAME _____

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

REFERRED BY

EMPLOYMENT DESIRED

POSITION:

DATE YOU
CAN START:

SALARY
DESIRED:

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHEN?

EDUCATION

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

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____ SIGNATURE _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

Have you ever worked for this company under another name: _____ If so, under what name? _____

DRIVER EXPERIENCE & QUALIFICATION

The U.S. Department of Transportation requires that driver applicants 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))

Licenses

Drivers Licenses held in past three years must be shown	State	License No.	Class	Endorsement	Expiration Date

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 _____

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

If you answered "Yes" to A, B, C 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 & Semi-Trailer				
Twin Trailers – LVC's				
Other				

List states operated in during last five years-_____

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

List special courses or training that will help you as a driver_____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

POSITION RELATED INFORMATION

Equipment Operating Experience _____

Mechanical Repairing & Maintenance Experience _____

Electrical Experience _____

Welding Experience _____
ARC _____

Gas _____

Willing and able for out-of-town/out-of-state work Yes _____ No _____

APPLICANT MUST READ AND SIGN

It is agreed and understood that the employer or agents may investigate my background to ascertain any and 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 drug test, driver's license record check, and/or physical examination.

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 Law 91-508, 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.

Further, I understand that, If hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

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.

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to be determined bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application notwithstanding these efforts.

Date

Applicant Signature

AFFIRMATIVE ACTION SURVEY

Applicants are considered for all positions, and employees are treated during employment without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as a disabled or Vietnam-era veteran, status with regard to public assistance, or affectional preferences.

As an employer / government contractor, we comply, with government regulations and affirmative action responsibilities.

To assist with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey.

Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant. This survey is kept separate from the application.

Please Print

Date Applied _____

Name _____
Last First Middle Phone

Present Address _____
Street City State Zip Code

Position(s) Applied For: _____

Referral Source:

_____ Employment Agency Referral	_____ Job Service	_____ Walk In
_____ Employee Referral	_____ Newspaper Ad	_____ Rehire
_____ Community Agency Referral	_____ College Relations	_____ Other

Check One: _____ Male _____ Female

Check All That May Apply:

Race / Ethnic Group: _____ White _____ Black _____ Hispanic
_____ American Indian / Alaskan Native _____ Asian / Pacific Islander

Check One: Are you a person with a disability?

Yes _____ No _____