



204 9th Ave NE • Rice, MN 56367 • Phone (320)393-4160 • Fax (320)393-4940

**Applicant Information**

Name	First	Middle	Last	Date	
Address	Street Address			City	State Zip Code
Phone	Email				
Date of Birth		Social Security #		Desired Salary	\$
Position Applied For				Date Available	

Are you authorized to work in the United States?  Yes  No  
 Applying for which company?  Burski Excavating  Boundary Fence  Heavy Iron  
 Have you ever worked for one of our companies before?  Yes  No  
 If yes, which company and when? \_\_\_\_\_

**Education**

	Name & Location	Course of Study	Years Completed	Graduated		Details
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**Other Qualifications**

Please list any other qualifications that you have and which you believe should be considered

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**Military Service**

Branch		From		To	
Rank at Discharge		Type of Discharge			

If other than honorable, explain: \_\_\_\_\_

**Professional References**

Please list three professional references

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

## Employment History

**Current (Most Recent Employer)**

Company Name		Street Address		Phone		State		Zip Code	
Address		Street Address		City		State		Zip Code	
Supervisor			Position Held						
Starting Salary		\$	Ending Salary		\$	From		To	
Responsibilities									
Reason for Leaving									

May we contact your previous supervisor for a reference?  Yes  No

**If position requires your CDL; Answer the below questions**

Explain any employment gaps (Include month/year and reason): \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No  
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

**Second (Most Recent Employer)**

Company Name		Street Address		Phone		State		Zip Code	
Address		Street Address		City		State		Zip Code	
Supervisor			Position Held						
Starting Salary		\$	Ending Salary		\$	From		To	
Responsibilities									
Reason for Leaving									

May we contact your previous supervisor for a reference?  Yes  No

**If position requires your CDL; Answer the below questions**

Explain any employment gaps (Include month/year and reason): \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No  
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

**Third (Most Recent Employer)**

Company Name		Street Address		Phone		State		Zip Code	
Address		Street Address		City		State		Zip Code	
Supervisor			Position Held						
Starting Salary		\$	Ending Salary		\$	From		To	
Responsibilities									
Reason for Leaving									

May we contact your previous supervisor for a reference?  Yes  No

**If position requires your CDL; Answer the below questions**

Explain any employment gaps (Include month/year and reason): \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No  
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

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

If yes, \_\_\_\_\_

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

If yes, \_\_\_\_\_

**Skip to page 4, if the position applying for does NOT require a Commercial Driver's License (CDL)**

**\* If the position applied for requires a Commercial Driver's License (CDL), the application must be completed in its entirety \***

**Previous Three Years Residency**

Attach additional sheet if more space is needed

	Street Address	City	State	Zip Code	# of Yrs at Address
Current					
Mailing					
Previous					
Previous					
Previous					

**License Information**

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License Number	Type / Class	Endorsements	Expiration Date
<b>Previously Held Licenses</b>				

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, ETC.)	Date From	Date To	Approx # of Miles (Total)
Straight Truck				
Tractor & Semi Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

**Accident Record for the Past 3 Years**

Attach additional sheet if more space is needed

Check this box if none

Dates (List most recent first)	Nature of Accidents (Head-on, rear-end, upset, etc.)	# Fatalities	# Injuries	Chemical Spills (Y / N)

**Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)**

Attach additional sheet if more space is needed

Check this box if none

Date Convicted (Month / Year)	Violation	State	Penalty (Forfeited bond, collateral and/or points)

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) YEARS (For a total of ten (10) YEARS). Any gaps in employment in excess of one (1) month must be explained.**

Start with the last current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information

### **To be Read and Signed by Applicant**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

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

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (Printed)			