

APPLICATION FOR EMPLOYMENT DRIVERS/SHOP

Randy's Environmental Services Inc.
4351 US Hwy 12 SE
PO Box 169
Delano MN 55328-0169
763-972-3335 phone - 763-972-6042 fax



Email: jobs@RandysSanitation.com.com
Website: www.randysenvironmentalservices.com

THIS APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT AT THIS COMPANY.

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, genetic information, disability, or any other protected group status.

Date: _____

Applicant Name _____
(print) Last First Middle

APPLICANT TO COMPLETE

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries 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.

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 a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I also certify 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.

Signature _____ Date _____

DRIVER QUALIFICATIONS

- Valid Commercial Driver’s License (CDL) Class A or B w/airbrake in possession at the time of employment
- Applicant must be twenty-one (21) years or older

(Answer all questions - please print clearly)

Name _____ Soc. Sec. No. _____ (optional)

Position(s) applied for _____

List your addresses of residency for the past 3 years.

Current: _____
Street City State Zip Code

Phone: _____ Email: _____ How Long? _____ yr/mo

Previous Addresses _____ How Long? _____
Street City State Zip Code yr/mo

_____ How Long? _____
Street City State Zip Code yr/mo

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you employed now? _____ If not, how long since leaving last employment? _____

How did you hear about us? _____

Who referred you? _____ Rate of pay expected _____

Have you served in the Armed Services? Yes or No (circle one)

If yes, dates of service: _____ Duties performed: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). You are required to list the 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. (Note: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE NUMBER _____
 POSITION HELD: _____ FROM:(mo/yr) _____ TO:(mo/yr) _____
 SALARY/WAGE _____ REASON FOR LEAVING _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? yes no
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? yes no
***ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason**

EMPLOYER NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE NUMBER _____
 POSITION HELD: _____ FROM:(mo/yr) _____ TO:(mo/yr) _____
 SALARY/WAGE _____ REASON FOR LEAVING _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? yes no
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? yes no
***ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason:**

EMPLOYER NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE NUMBER _____
 POSITION HELD: _____ FROM:(mo/yr) _____ TO:(mo/yr) _____
 SALARY/WAGE _____ REASON FOR LEAVING _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? yes no
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? yes no
***ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason:**

***Any gaps in employment and/or unemployment must be explained.**

**The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE NUMBER _____
 POSITION HELD: _____ FROM:(mo/yr) _____ TO:(mo/yr) _____
 SALARY/WAGE _____ REASON FOR LEAVING _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ____yes ____no
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____yes ____no
***ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason**

EMPLOYER NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE NUMBER _____
 POSITION HELD: _____ FROM:(mo/yr) _____ TO:(mo/yr) _____
 SALARY/WAGE _____ REASON FOR LEAVING _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ____yes ____no
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____yes ____no
***ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason**

EMPLOYER NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE NUMBER _____
 POSITION HELD: _____ FROM:(mo/yr) _____ TO:(mo/yr) _____
 SALARY/WAGE _____ REASON FOR LEAVING _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ____yes ____no
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____yes ____no
***ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason**

EMPLOYER NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE NUMBER _____
 POSITION HELD: _____ FROM:(mo/yr) _____ TO:(mo/yr) _____
 SALARY/WAGE _____ REASON FOR LEAVING _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ____yes ____no
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____yes ____no
***ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason**

***Any gaps in employment and/or unemployment must be explained.**

**The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED).

| Dates | Nature of Accident (HEAD-ON, REAR-END, UPSET, ETC.) | Fatalities | Injuries |
|---------------|--|------------|----------|
| LAST ACCIDENT | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS -- DRIVER

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | 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 _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE (Answer Yes or No to each)

| CLASS OF EQUIPMENT | Y/N | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES: | | APPROX. NO. OF MILES (TOTAL) |
|--|-----|--|--------|----|------------------------------------|
| | | | FROM | TO | |
| STRAIGHT TRUCK | | | | | |
| TRACTOR AND SEMI-TRAILER | | | | | |
| TRACTOR - TWO TRAILERS | | | | | |
| TRACTOR - THREE TRAILERS | | | | | |
| MOTORCOACH - SCHOOL BUS (more than 8 passengers) | | | | | |
| MOTORCOACH - SCHOOL BUS (more than 15 passengers) | | | | | |
| 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? _____

EXPERIENCE AND QUALIFICATIONS ---- OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN).

(THIS FORM WILL BE KEPT IN A CONFIDENTIAL FILE IN HUMAN RESOURCES)

EEO-1 Self-Identification Form

Randy’s Environmental Services is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Randy’s invites employees to voluntarily self-identify their race and ethnicity.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As employer/government contractor, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

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

Date: _____

Position(s) Applied For _____

Referral Sources: Ad (please specify) _____ Friend Relative Walk-In
Employment Agency Facebook Indeed Company Website Employee Referral
Sign Other: _____

Applicant Name _____
FIRST MIDDLE LAST

Check one: Male Female

(PLEASE FINISH SURVEY ON 2nd PAGE)

Ethnicity:

Select **ONE** of the following categories:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** – All persons who identify with more than one of the above five *races*.

Check if the following is applicable:

- Veteran** - As defined under one or more of the following:
 - served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
 - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
 - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
 - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).