

# FOREST LAKE CONTRACTING, INC.

14777 Lake Drive, Forest Lake, MN 55025

(651) 464-4500

## COMMERICAL DRIVER APPLICATION

AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY EMPLOYER

COMMERCIAL DRIVER APPLICATION  
FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED – PRINT OR TYPE

Date: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

*IF YOUR ABOVE ADDRESS IS LESS THAN 3 YEARS CONTINUE LISTING THEM BELOW TO COVER THE PREVIOUS 3 YEAR PERIOD:*

1. Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: XXX-XX- \_\_\_\_\_

*USDOT Regulation (S391.21(b)(2))*

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? \_\_\_\_\_

Are you physically capable of performing the essential functions of the job for which you are applying, with or without reasonable Accommodation? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Date you can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied at Forest Lake Contracting, Inc. before? \_\_\_\_\_ If Yes, When? \_\_\_\_\_

How did you hear about Forest Lake Contracting, Inc.? \_\_\_\_\_

What Class of Driving License do you currently have? \_\_\_\_\_

What type of position? Journeyman, Apprentice or Trainee \_\_\_\_\_

Driver's License Information: All valid drivers' licenses or permits held, last 3 years:

State \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Endorsements \_\_\_\_\_

State \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Endorsements \_\_\_\_\_

State \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Endorsements \_\_\_\_\_

Experience:

\_\_\_\_\_ to \_\_\_\_\_  
 Type of Vehicle driven Dates Approximate mileage driven

\_\_\_\_\_ to \_\_\_\_\_  
 Type of Vehicle driven Dates Approximate mileage driven

\_\_\_\_\_ to \_\_\_\_\_  
 Type of Vehicle driven Dates Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

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List all Traffic Violations Convictions, last 3 years: (If none, white NONE)

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Comm. Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Comm. Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Comm. Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Comm. Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Comm. Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Comm. Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes: state of issuance; explanation: \_\_\_\_\_

**EDUCATION:**

School	Name & Location	How Many Years?	Did you Graduate?	Subjects Studied:
High School				
Trade School or College				

Additional seminars, classes, or safety training classes taken:

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List Special Skills relating to construction driving position (able to load your truck with loader, endorsements, health card, etc.)

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U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in National Guard or Reserves \_\_\_\_\_

**Employment History, last 10 years (383.35) – account for gaps between employers: (If owner/operator, list carriers leased to)**

1. Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Position \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

2. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Position \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

3. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Position \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

4. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Position \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

5. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Position \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

6. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Position \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

7. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Position \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

\*\*\*\*Use another sheet for additional employers

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

**Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes – have you successfully completed the return-to-duty process? \_\_\_\_\_

If Yes – Documentation **MUST BE PROVIDED** before any safety-sensitive transportation function is performed.

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial or employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

## APPLICANT MUST READ AND SIGN

This is to affirm the Forest Lake Contracting, Inc. policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof, specifically Minnesota Statutes 363.

Forest Lake Contracting, Inc. will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights commission, or status with regard to public assistance.

Forest Lake Contracting, Inc. will take Affirmative Action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

Forest Lake Contracting Inc, will use its best efforts to afford minority and female business enterprises with the maximum practicable opportunity to participate in the performance of subcontracts for construction projects that this Company engages in.

Forest Lake Contracting, Inc. will commit the necessary time and resources to achieve the goals of Equal Employment Opportunity and Affirmative Action.

Forest Lake Contracting, Inc. supports incorporation of non-discrimination and Affirmative Action rules and regulations into contracts.

Forest Lake Contracting, Inc. will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these Affirmative Action objectives as well as other established criteria. Any employee of this Company, or subcontractor to this Company, who does not comply with the Equal Employment Opportunity Policies and Procedures as set forth in this Statement and plan will be subject to disciplinary action. Any subcontractor not complying with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of the Federal, State and Local governing bodies or agencies thereof, specifically Minnesota Statutes 363 will be subject to appropriate legal sanctions.

The Unions have developed training programs aimed toward qualifying more minority group members for membership in the Unions and increasing their skills so that they may qualify for higher paying employment. In the event a Union is unable to refer minority applicants as requested within the time limit set forth in the Union Agreements, we will fill the employment vacancies without regard to race, color, age, religion, sex, sexual orientation, national origin, disability, creed, marital status, ancestry, familial status or status with regard to public assistance.

Forest Lake Contracting, Inc. has appointed Trishia Carlson to manage the Equal Opportunity Program. Her responsibilities will include monitoring all Equal Employment Opportunity activities and reporting the effectiveness of this Affirmative Action Program, as required by Federal, State and Local agencies. The Chief Executive Officer of Forest Lake Contracting, Inc. will receive and review reports on the progress of the program. If any employee or applicant for employment believes he or she has been discriminated against, please contact Trishia Carlson, 14777 Lake Drive, Forest Lake, MN 55025 or call 651-464-4500. For a copy of this EEO Policy Statement for your records, please contact the office.

## Certification

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 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 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 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. It is also understood that my personal drivers record report may be obtained prior to a behind the wheel driving test which would be required prior to a job offer.

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 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_



## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's Of race, color, creed, religion, national origin, sex, marital status, familial status, disability, public assistance, age, sexual orientation and local human rights commission activity.

This employer 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, this employer invites applicants and employees to voluntarily self-identify their race/ethnicity and gender.

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 may 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.

### INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender? You may mark **only one** box.

**Male**

**Female**

What is your race/ethnicity? You may mark **only one** box.

**Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino):** 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.

- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

If you maintain tribal affiliation, please mark or write the applicable tribe:

- Bois Forte Band of Chippewa
- Fond Du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Chippewa Indians
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Ojibwe
- Prairie Island Indian Community
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux (Dakota) Community
- Upper Sioux Community
- White Earth Reservation
- \_\_\_\_\_

- Two or More Races (Not Hispanic or Latino):** all persons who identify with more than one of the above five races.

Veteran Status – Select one if applicable; Leave blank if not applicable

- Vietnam Era Veteran**
- Disabled Veteran**
- Any Other Veteran**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Why are you being asked to complete this form?**

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### **How do you know if you have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### **Please check one of the boxes below:**

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer