



Lakes Community Cooperative
459 3rd Ave SE; Perham, MN 56573



COMMERCIAL DRIVER APPLICATION (\$391.21)

****Please Print****

Legal Name: _____ Social Security Number: _____
(First, Middle, Last)

Address: _____
(Present address, include street, city, state & zip code)

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____

Relationship: _____ Emergency Contact Home Number: _____

Emergency Contact Cell Phone Number: _____ Emergency Contact Work Number: _____

Email Address: _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

Dates	Street Address	City	State	Zip Code

Driver's License Information: Please include your CURRENT, valid license, and the past 3 years including permits.

State	Driver's License Number	Class & Endorsements	CDL Class Y/N		Expiration Date
			YES	NO	

DRIVING EXPERIENCE & CDL DATE

Due to Sub-Part E Entry Level Driver Training Requirements – Part 380 this information is *required*.

<u>**MY CDL LICENSE was FIRST OBTAINED ON:</u>	Month	Day	Year
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Please include the type of equipment operated (such as buses, trucks, tractors, semi-trailers, full trailers, and pole trailers).

Type of vehicle driven	Period of Time	Nature & Extent

MOTOR VEHICLE ACCIDENTS – LAST 3 YEARS

List all motor vehicle accidents in which you were involved in the past 3 years preceding the date that the application is submitted.

If none, please write NONE.

1. Date	Location	Details	Fatalities	Injuries

2. Date	Location	Details	Fatalities	Injuries



TRAFFIC VIOLATIONS – LAST 3 YEARS

List all Traffic Violations (other than parking violations) of which you were convicted or forfeited bond or collateral in the past 3 years.

If none, please write NONE.

Date	Violation	State	In Commercial Vehicle (Y/N)	
			YES	NO
			YES	NO
			YES	NO

REVOCATIONS & SUSPENSIONS

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

Yes **No**

If yes, please provide detail:

Date	State	Violation	Explanation

EDUCATION

Type of School Attended	School Name & Location	Did you graduate? Yes/No	Diploma/Degree	Grade Point Average	Major Course of Study
High School: <small>circle highest grade completed 9 10 11 12</small>					
Technical or Vocational					
College or University					
Graduate School					
Professional Seminars, or Additional Training					

EMPLOYMENT HISTORY

List all employment history for the past 10 years. **All gaps in employment must be accounted for.** If there is any time frame of **unemployment** or **self employment** please list. If you were an owner/operator, list carriers leased to. **This is a DOT requirement §391.21 (b)(10 & 11).**

****You must include the COMPLETE address including street, city, state, zip code and phone number****

1. Employer	Dates Employed From / To (mm/dd/yyyy)	Work Performed:						
Address:	From: To:							
Phone #:	Fax #							
Job Title: Supervisor Name:								
Reason for Leaving:		<table border="1"> <tr> <td>I was subject to FMCSR rules while employed at this company:</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:</td> <td>YES</td> <td>NO</td> </tr> </table>	I was subject to FMCSR rules while employed at this company:	YES	NO	I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES	NO
I was subject to FMCSR rules while employed at this company:	YES	NO						
I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES	NO						

2. Employer	Dates Employed From / To (mm/dd/yyyy)	Work Performed:						
Address:	From: To:							
Phone #:	Fax #:							
Job Title: Supervisor Name:								
Reason for Leaving:		<table border="1"> <tr> <td>I was subject to FMCSR rules while employed at this company:</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:</td> <td>YES</td> <td>NO</td> </tr> </table>	I was subject to FMCSR rules while employed at this company:	YES	NO	I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES	NO
I was subject to FMCSR rules while employed at this company:	YES	NO						
I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES	NO						



EMPLOYMENT EXPERIENCE CONTINUED

List all employment history for the past 10 years.

****You must include the COMPLETE address including street, city, state, zip code and phone number****

3. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:		Fax #:			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

4. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:		Fax #:			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

5. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:		Fax #:			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

6. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:		Fax #:			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

7. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:		Fax #:			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

8. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Fax #:	Supervisor Name:	Fax #:			
Job Title:			I was subject to FMCSR rules while employed at this company:	YES NO	
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

Use backside of sheet for additional employers



NH-2.4

SPECIALS SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

As a prospective driver employee, you have the right to review information provided by previous employers per §391.23(i). 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.

MOTOR VEHICLE REPORT DISCLOSURE & AUTHORIZATION TO RELEASE INFORMATION
I am aware that a consumer report, (motor vehicle record) will be obtained on me in the course of consideration for employment and at any time throughout my employment.

Any documents/records obtained pursuant to this authorization may be disclosed to any insurance carrier or prospective insurance carrier of the entity to which I am applying for employment and/or to whom I am currently employed. I understand that this may result in that insurance entity obtaining motor vehicle/driver history information on me.

By signing this application I hereby authorize, without reservation, any party, state, or agency contacted by Parthenon Agency through their contracted MVR provider, to furnish the above mentioned information.

By signing this application I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

CERTIFICATION

“This certifies that the 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. I understand that if I am employed, false statements may result in dismissal. I authorize **Lakes Community Cooperative** to make an investigation of any of the facts set forth in this application.”

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and controlled substance test is required for certain classifications.

Applicant's Signature

Date