



CERTIFIED HUBZONE CONTRACTOR
MN CERTIFIED ED VENDOR

EMPLOYMENT APPLICATION

Date _____

Name _____
First Middle Last

Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Social Security Number _____

Email Address: _____

If you lived at the above address for less than 3 years, continue listing them below to cover the previous 3 year period:

1. Address _____ Dates: From _____ To _____

2. Address _____ Dates: From _____ To _____

Position applying for:

___ Equipment Operator ___ Truck Driver ___ Laborer ___ Other _____

Salary/Hourly Wage Desired: _____

Driver's License Information - List all licenses held within the last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Do you have a Commercial Driver's License (CDL)? ___ Yes ___ No

Special Studies and/or Skills _____

Hobbies: _____

Education:	Name & Location	# of Years Completed	Diploma/Degree
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High School	_____	_____	_____
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College or Trade School	_____	_____	_____
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email: info@aspen-construction.com • website: aspen-construction.com

Employment History – List all employers within the past 10 years (most recent listed first):

1. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____
Position: _____ Starting Wage: _____
Duties: _____ Ending Wage: _____

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

Reason for leaving: _____

2. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____
Position: _____ Starting Wage: _____
Duties: _____ Ending Wage: _____

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

Reason for leaving: _____

3. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____
Position: _____ Starting Wage: _____
Duties: _____ Ending Wage: _____

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

Reason for leaving: _____

Use backside of sheet for additional employers if needed

Have you been an active member in the United States Military? ☐ Yes ☐ No

If yes, please list the branch, years of services and reason for discharge: _____

Emergency Contact: _____

Relationship to You: _____ Phone: _____

Certification

“I 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.”

Applicant's Signature

Date Signed

TO BE COMPLETED BY EMPLOYER:

Received by:

Reviewed by:

Name

Name

Title

Date

Title

Date

CDL Employment Application – Additional Information

Full Name: _____ Date: _____

Commercial Driving Experience (If none, write NONE):

_____	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

Accidents – List all accidents within the last 3 years (If none, write NONE):

Date _____	Description _____	Fatalities _____	Injuries _____
Date _____	Description _____	Fatalities _____	Injuries _____
Date _____	Description _____	Fatalities _____	Injuries _____

Traffic Violations – List all violations within the last 3 years (If none, write NONE):

Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No

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

___ Yes ___ No If yes, list the state and please explain: _____

Certification

"I 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."

_____	_____
Applicant's Signature	Date Signed

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).

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 any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of 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 driver to have waived their request to review the records.

Certification

“I 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.”

Applicant's Signature

Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire:

Time & Date of Pre-Employment CST:

Time & Date of Pre-Employment CST Results Received:

Date First Used in Safety Sensitive Position:

Date of Termination:

**Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Date _____

Name _____
First Middle Last

Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Social Security Number _____

49 CFR 40.25(j)

During the past two years, have you been unable to obtain a job for which you applied that involved safety-sensitive transportation work that is covered by the DOT drug and alcohol testing rules because you tested positive or refused to test on a pre-employment screening? ___ Yes ___ No

If yes, have you successfully completed the return-to-duty process? ___ Yes ___ No

If yes, documentation **must be provided** before any safety-sensitive transportation function is performed.

Applicant's Signature _____

Date Signed _____

[Click here to submit application via email:](#)

TO BE COMPLETED BY EMPLOYER:

Received by:

Reviewed by:

Name

Name

Title

Date

Title

Date