

Application for Employment



4090 Hwy 49 - Glen Ullin, ND 58631
701-348-3610

Personal Information

Name Last First Middle SSN

Present Address Address/Box City State ZIP Code

Permanent Address Address/Box City State ZIP Code

Phone # Message # Drivers License? Yes No Class

In case of emergency notify Name Phone # Relationship

Education/Training

Circle Highest Grade Completed: 7 8 9 10 11 12 GED 13 14 15 16 17 18

Date of GED or High School graduation:

Loader exp:

Forklift exp:

Wash Plant exp:

Welder exp:

Torch exp:

Mechanical exp:

Driving Experience

Table with 4 columns: Class of Equipment, Type of Equipment (Van, Tank, Flat, Etc.), Dates (From, To), Approx. No. of Miles (Total). Rows include Straight Truck, Tractor and Semi Trailer, Tractor-Two Trailers, and Other.

Physical History

The U. S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR 391 Subpart E.

Date of last Department of Transportation prescribed physical examination

Accident record for past 3 years or more (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Etc.)	Injuries	Fatalities
Last Accident			
Next Previous			
Next Previous			

Military Information

Are you a veteran? Yes _____ No _____ Branch _____
 Dates of Service: From _____ To _____

Are you presently employed? Yes ____ No ____ If yes, may we contact your present employer? Yes ____ No ____

Please complete the work history section, starting with your present or most recent job first.

Company _____ City _____ State _____
 Supervisor _____ Phone number _____
 Job Title _____ What did you do? _____
 Equipment Operated _____

 Date Started _____ Date Ended _____ Pay Rate \$ _____
 Reason for leaving _____

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 Supervisor _____ Phone number _____
 Job Title _____ What did you do? _____
 Equipment Operated _____

 Date Started _____ Date Ended _____ Pay Rate \$ _____
 Reason for leaving _____

Company _____ City _____ State _____
 Supervisor _____ Phone number _____
 Job Title _____ What did you do? _____
 Equipment Operated _____

 Date Started _____ Date Ended _____ Pay Rate \$ _____
 Reason for leaving _____

Please summarize any other work history you may have: _____

References: Please list below three individuals who are not related to you and are not previous employers.

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize the above listed references and past work history to release information to Abrasives Incorporated for the purpose of possible employment, and for Abrasives Inc to do a personal history and credit check. I hereby authorize Abrasives Inc and Kramer Insurance Agency to do a Motor Vehicle Report for determination of employment. Abrasives Inc will hold any information received in strict confidence. Abrasives Inc is an equal opportunity employer.

Date: _____ Signature of Applicant: _____