

Truck Driving Application for Employment



6325 County Road 87 SW
Alexandria, MN 56308
Phone: 320-762-7289
Fax: 320-762-7290

Central Specialties, Inc. will not accept photocopied or third-party applications or unsolicited employment referrals from any source. Central Specialties, Inc. further requires that applicants present themselves in person for an interview prior to any offer of conditional employment.

Central Specialties, Inc. is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, affectional preference or sexual orientation, national origin, ancestry, marital status, disability, including those related to pregnancy or childbirth, genetic information, membership or activity in any local commission, status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state, or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, or imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

If you are hired by Central Specialties, Inc. you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason, without notice. Similarly, if you are hired, Central Specialties, Inc. will have the right to terminate your employment at any time, for any reason, without prior notice. No Central Specialties, Inc. supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY!

Position Applied For: _____ Date of Application: _____

Date You Can Start _____ Desired Wage or Salary \$ _____ How did you learn of this position? _____

Have you ever worked in a position similar to the one for which you are applying? Yes No

Are you acquainted with anyone who is or was employed by Central Specialties, Inc.? Yes No

If yes, who and how do you know them? _____

Name _____ Social Security Number _____
First Middle Last (Required for Commercial Drivers)

Please list your address or residency for the past three (3) years:

Present Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

Home Phone No. _____ Cell Phone _____

Date of Birth ____/____/____ If hired, can you furnish proof that you are 18 years of age, or older? Yes No
(Required for Commercial Drivers)

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

Have you applied for or worked for Central Specialties, Inc. in the past? Yes No If yes, when and for what position?

Reason for leaving Central Specialties, Inc., if applicable? _____

Are you available to work: Weekends: Yes No Evenings: Yes No Overtime: Yes No

If not, please list days and/or times you are unavailable: _____

Have you ever been convicted of a crime? (minor traffic violations may be omitted.) Yes No If yes, please provide the date, location and circumstances and identify the offense(s) and jurisdiction(s):

Employment History

*Please attach another page if more space is needed.

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years for a total of ten years of employment.

Employer Name:	From: Month Year	To: Month Year
Address:	Position Held:	Salary/Wage:
City, State, Zip Code:	Job Duties:	
Phone:		
Supervisor:	Reason For Leaving:	
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the Federal Motor Carriers Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this position designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	From: Month Year	To: Month Year
Address:	Position Held:	Salary/Wage:
City, State, Zip Code:	Job Duties:	
Phone:		
Supervisor:	Reason For Leaving:	
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the Federal Motor Carriers Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this position designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	From: Month Year	To: Month Year
Address:	Position Held:	Salary/Wage:
City, State, Zip Code:	Job Duties:	
Phone:		
Supervisor:	Reason For Leaving:	
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the Federal Motor Carriers Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this position designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	From: Month Year	To: Month Year
Address:	Position Held:	Salary/Wage:
City, State, Zip Code:	Job Duties:	
Phone:		
Supervisor:	Reason For Leaving:	
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to the Federal Motor Carriers Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this position designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMMENTS (Including an explanation of any gaps in employment)

Have you ever been discharged or asked to resign by an employer? Yes No

If yes, please explain: _____

Are you on layoff status and eligible for recall or eligible for referral for hire by a hiring hall or employment service? Yes No

Education History

Education	Name & Location of School	No. of Years	Graduate?	Major (if applicable)
Elementary:				
High School:				
College:				
Other:				

Experience and Qualifications

SKILLS AND QUALIFICATIONS: Please list all courses and dates of training you've attended that has benefited you as a driver.

Please list your driving experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Total Miles
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor – Two Trailers				
Other				

Driver's License Number: _____ State: _____ Type: _____ Expiration Date: _____

If applicable, please check all endorsements you currently hold: Tanker HazMat Passenger

Do you have a current, valid and unrestricted driver's license(s)? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, explain: _____

Have you ever been denied a license, permit or privilege to operator a motor vehicle? Yes No

If yes, explain: _____

Have you ever received a DWI, DUI or unsafe driving violation? Yes No If yes, please explain: _____

Traffic Convictions and Forfeitures for the past 3 years, other than parking violations. If none, write none.

Date Convicted (Month/Year)	Violation	State of Violation	Penalty

Accident record for the past 3 years or more (attach sheet if more space is needed). If none, write none.

Date	Nature of Accident (Head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

AGREEMENT

PLEASE INITIAL AFTER READING EACH SECTION, IF YOU AGREE

CERTIFICATION:

By my signature below, I certify that the information provided in this employment application (and in any related documentation or interview) is true and complete and I understand that any false or misleading information or significant omissions may disqualify me from employment, or if hired I may be subject to disciplinary action up to and including termination if discovered at a later date. I agree to immediately notify Central Specialties, Inc. if I should be convicted or plead guilty to any crime while my job application is pending, or during my period of employment if hired by Central Specialties, Inc.

_____ (Applicant's Initials)

AUTHORIZATION:

I authorize Central Specialties, Inc. (the "Employer") to obtain and/or to provide any and all information and opinion which the Employer elects to obtain, use or provide in connection with my application for employment and/or any employment with the Employer, prior, during and after my employment. Such information and opinion may be sought from any and all prior employers (except as noted above) including any and all unlisted persons that the Employer discovers, schools or other persons or organizations who may have information the Employer deems relevant in connection with my application for employment, and may be provided by the employer in response to any request for information and opinion concerning my employment or my separation from employment with the Employer, to any and all banks or mortgage companies, governmental agencies, insurers, prospective employers or other schools, persons or organizations deemed appropriate for receipt of such information by the Employer. I understand that the employer may divulge any and all information and opinions, which may include, but are not limited to opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold the Employer (including its principals, employees, agents, consultants, attorneys, and insurers) and any such other employer, school, person or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action arising from any such provision or receipt of information and opinion, no matter what its character.

I further understand that the information that 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.

_____ (Applicant's Initials)

ACKNOWLEDGEMENT:

I understand that this application does not create a contract of employment. I understand that if hired, I am obligated to comply with any and all current and subsequent Central Specialties, Inc. policies. I understand that Central Specialties, Inc. does not offer contracts, promises or representations related to employment. I understand and agree that, if hired, my employment is for no definite period of time and may regardless of the date of payment of wages or salary, be terminated at any time for any reason with or without notice. No Central Specialties, Inc. supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

_____ (Applicant's Initials)

Applicant's Signature _____

Date _____

AN EQUAL EMPLOYMENT OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



AFFIRMATIVE ACTION QUESTIONNAIRE

CONFIDENTIAL AND VOLUNTARY

Central Specialties, Inc. is committed to an Affirmative Action Program which includes giving full consideration for employment to qualified individuals without regard to race, color, religion, gender or national origin. The following information is being requested of all applicants for employment. Your providing this information is strictly voluntary. The self-identification request is made in compliance with the regulations issued by the U.S. Department of Labor. Responses will be used for the purpose set forth in these regulations. Its purpose is to assist Central Specialties, Inc. in monitoring its Affirmative Action Program and to aid in complying with required Governmental record keeping and periodic reporting.

This information is not part of your employment application. It will be processed separately and will not be considered in the employment or selection process. If you choose to provide information, please complete the following:

Printed Name: _____

Date: _____

Position Applied for: _____

Gender: Male
 Female

ENTHNIC GROUP: Please *check one*:

- Hispanic / Latino** – all persons of Mexico, Puerto Rico, Cuba, Central or South America or other Spanish cultures or origin regardless of race.
- Non-Hispanic / Latino** – if this is checked, please select from one of the racial groups below.

RACIAL GROUPS: If Non-Hispanic/Latino was selected above, please *check one*:

- American Indian or Alaskan Native** – all persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership and participation or community recognition.
- Asian** - all persons 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.
- Black or African American** – all persons having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – all persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or more Races** – all persons who identify with more than one of the above races.

VETERAN STATUS (Please check one):

- Non-Veteran
- Disabled Veteran
- Other Protected Veteran
- Armed Forces Service Medal Veteran
- Recently Separated Veteran
- Most Recent Discharge/Release Date: _____

APPLICANT SOURCE OF REFERRAL (Please check all that apply):

- Newspaper: _____
- School: _____
- Job/Career Fair: _____
- Current CSI Employee: _____
- Previous CSI Employee: _____
- Other: _____
- Minnesota Work Force Center
- TERO Office
- North Dakota Job Service
- Internet
- Radio
- Phone Book
- Walk-In