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APPLICATION FOR EMPLOYMENT

Last name	First	MI	Type of Work Desired	Date of Application
Street Address			Date of Birth	Social Security Number
City	State	ZIP	Home Telephone	Work Telephone

How long have you lived at the above address? _____

Where have you lived in the last three years?

Street	City	State & Zip	When?
Street	City	State & Zip	When?

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER OF THE ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)

NOTE: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

LAST EMPLOYER: NAME _____
ADDRESS _____
SUPERVISOR _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
BRIEF DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____
SUPERVISOR _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
BRIEF DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____
SUPERVISOR _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
BRIEF DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

OTHER EMPLOYER: NAME _____
ADDRESS _____
SUPERVISOR _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
BRIEF DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that the information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

Edstrom Construction, Inc.
Controlled Substance Testing Consent Form
(Prospective Employees)

As a part of my application for employment, I consent to take a drug test.

I understand that if I test positive for illegal drugs I will not be offered employment.

I understand that in the event I do not work more than thirty (30) days with Edstrom Construction, Inc., the cost of my pre-employment test will be deducted from my final paycheck. This provision does not apply in the event that I am involuntarily laid off.

I understand that the collection, testing, and reporting of my specimen will be done in accordance with applicable chain of custody procedures.

I consent to the release of my drug and alcohol test results received by **Minert & Associates, Inc.**, as the representative of the Medical Review Officer, to management officials at **Edstrom Construction, Inc.** and understand that those results will be held in confidence by all parties involved.

If I am applying for a position that would require a CDL license, I further consent to the company contacting those employers for whom I have worked as a commercial vehicle operator for the past two (2) years for the purpose of **Edstrom Construction, Inc.** determining from my past employers whether I have tested positive for illegal drugs or alcohol, or have refused to test when requested to do so. In the event that the company receives information from a former employer that I have tested positive for drugs or alcohol within the last year, I will not be offered employment, or my conditional employment with the company will be terminated. I consent to the release of that information by those employers for whom I have worked during the past two (2) years as a commercial vehicle driver.

I have received, read, and understand the terms of **Edstrom Construction, Inc.**'s Drug Free Workplace testing program and agree to abide by those terms.

Applicant's Name (print)

Applicant's Signature

Date