

DRIVER'S APPLICATION FOR EMPLOYMENT

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative. Information provided on this application will be kept confidential and only be shared with those involved in the selection process.

Driver's Application for Employment

Oxygen Service Company
1111 Pierce Butler Route
St. Paul, MN 55104

An Equal Opportunity Employer
Affirmative Action and E-Verify Employer

Please provide all information requested. Incomplete information may disqualify you from consideration.

Please Print.

Today's Date _____

GENERAL INFORMATION

Position Applied for: _____

Social Security Number: _____ - _____ - _____

Name: _____

Last

First

Middle

Home Telephone: _____

Cellular Phone: _____

List your addresses of residency for the past 3 years.

Current Address: _____ City _____ State _____ Zip Code _____

Street _____

Dates: From _____ To _____

City _____ State _____ Zip _____

Street _____

Dates: From _____ To _____

City _____ State _____ Zip _____

Street _____

Dates: From _____ To _____

City _____ State _____ Zip _____

Date of Birth: _____

How were you referred to our Company? _____

Are you 21 years or older?

Yes No

Are you legally authorized to work in the United States?

Yes No

As required by law, documents that prove identity and eligibility to work must be provided at time of hire.

Have you applied for employment with this company within the last 12 months?

Yes No

Have you ever worked for us before?

Yes No

(Please provide your name of record at that time, job title and dates of employment) _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Date available to start work _____ Salary Expectations _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]

Yes No If yes, explain if you wish. _____

EMPLOYMENT HISTORY

(List employers in reverse starting with the most recent. Add another sheet as necessary)

Driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding ten (10) years. List mailing address, street number, city, state and zip code.

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD

For the past 3 years or more (Attach sheet if more space is needed) If none, write none

Date _____ Describe _____ Fatalities _____ Injuries _____

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Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations) If none, write none

Date _____ Location _____ Charge _____ Penalty _____

Date _____ Location _____ Charge _____ Penalty _____

Date _____ Location _____ Charge _____ Penalty _____

(Attach sheet if more space is needed)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended _____
(Name) (City/State)

EXPERIENCE AND QUALIFICATIONS-DRIVER

Driver's License Information: all licenses held, last 3 years:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

Yes No If yes, state of issuance & explanation: _____

(Attach sheet if more space is needed)

Driving Experience: If none, write none

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

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS-OTHER

Show any trucking, transportation or other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

TO BE READ AND SIGNED BY APPLICANT

For driver applicants of commercial motor vehicles that requires 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).

Information on this application may be used, and previous employers may be contacted, for the purpose of investigating the driver applicant's safety performance history. 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 (3) 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 the 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 Signature

Date Signed