



Columbia Heights, MN 763-782-6858 Anoka, MN 763-712-5661

St. Paul, MN 651-917-5387 ****Hopkins****

Driver Qualification Record and Application for employment

Please **Print** clearly

Date _____

Full Name: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

List Addresses for
Past three Years

Street	City	State, Zip Code	How long?

In event of emergency, notify: _____

Name	Relationship	Phone

Can you consistently lift: 50 lbs? Yes / No 75 lbs? Yes / No 100 lbs? Yes / No

Are you able to work in a sitting position for 9 hours a day? Yes / No

Are you able to work in a standing position for 8 hours a day? Yes / No

If you have any reason that you are unable to perform physically demanding work, please explain:

Days/Shifts you are available to work? Sun Mon Tues Wed Thurs Fri Sat 1st shift 2nd shift 3rd shift

Have you worked for a staffing service before? Yes / No If so, where? _____

What were your assignments? _____

How did you hear about us? ___ Advertisement ___ Internet ___ Driver ___ Other: _____

Have you been employed by Montu Staffing Solutions, formerly Labor All? Yes / No

Reason for Leaving? _____

Have you ever been convicted of a crime, misdemeanor or felony? Yes / No

Experience and Qualification

Traffic convictions and license forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Drivers Licenses

State	License #	Type/Class	Expire Date

- | | |
|--|----------|
| A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | Yes / No |
| B. Has any license, permit, or privilege ever been suspended or revoked? | Yes / No |
| C. Have you ever been disqualified from driving a motor vehicle under D.O.T. regulation? | Yes / No |
| D. Have you ever refused or tested positive on any alcohol or controlled substance? | Yes / No |
| E. Have you ever been convicted of driving under the influence of alcohol or drugs? | Yes / No |
| F. Have you ever been convicted of a serious traffic violation? | Yes / No |
| G. Have you ever failed or refused a pre-employment drug test given by a company
Where you never accepted employment? | Yes / No |

***If the answer is yes to any above question, please attach a statement giving details**

Type of equipment (e.g. van, Tank, flat)	Dates	Approximate # of miles driven
Straight truck		
Tractor/Semi		
Tractor- Two Trailers		
Other		

List states operated in over last 5 years: _____

List safe driving awards received and source: _____

Accident review for past 3 years

Date	Nature of Accident	Fatalities?	Number of injuries

Employment Record

As per D.O.T. Regulations, list employees for at least the past ten years, starting with the most recent. Employer information must be complete including full address and phone numbers. Attach a sheet if more room is needed.

Employer: Name _____ Supervisor _____ Salary _____
Address _____
Position held _____ Start _____ End _____ Fax # _____
Reason for Leaving _____ Phone # _____

Employer: Name _____ Supervisor _____ Salary _____
Address _____
Position held _____ Start _____ End _____ Fax # _____
Reason for Leaving _____ Phone # _____

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Position held _____ Start _____ End _____ Fax # _____
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Employer: Name _____ Supervisor _____ Salary _____
Address _____
Position held _____ Start _____ End _____ Fax # _____
Reason for Leaving _____ Phone # _____

Montu Staffing Solutions

Authorization and Consent

- I declare all statements contained in this application are true and correct, and I understand that false, misleading, or inaccurate information in this application will be the basis for withdrawal of any employment offer or if employed, may result in dismissal.
- In connection with my employment/application for employment with this company, I hereby authorize and understand that this releases Montu Staffing now or anytime in the future, to conduct a background investigation. This includes, but is not limited to verification of prior employment, academic achievement, medical and financial history, use of a motor vehicle, general background and personal character. The purpose of this investigation should include but not be limited to business necessity. In accordance with 15 U.S.C. 1681b(b)(2)(A).
- I authorize and request all persons, schools, organizations, corporations, credit bureaus, courts, law enforcement agency, health care providers, armed forces, Employment Corporations, and all government agencies to release any and all information without restriction or qualification. I authorize a photocopy of this release to be considered as effective and valid as the original. All results will be proprietary and confidential, and will be only provided to employees and legal representatives of Montu Staffing. I am aware that I have a right to request the nature and scope of the result as reported from the company hired to conduct the research(if any). I voluntarily waive all recourse and release the parties from liability for complying with this request/release.
- I agree that if I am transported in a Montu Staffing vehicle, or accept transportation from another Montu Staffing employee, and am involved in a motor vehicle accident, I will definitely hold harmless all parties involved.
- I hereby agree not to sue Montu Staffing in the event of an employee dispute. This includes, but is not limited to: wrongful dismissal, sexual harassment, hostile environment, and discrimination based on race, color, religion, sexual orientation, national origin, and/or disability. I agree that any employment dispute between Montu Staffing and me will be settled through binding arbitration. I agree to accept the findings of the appointed arbitrator as final statement.
- This authorization and consent has been explained to me in a language I understand, and I have been advised of the answers to any questions I have about these policies. I understand that this agreement is a legal binding agreement between me and Montu Staffing Solutions.

Signed and agreed by(print name):_____ Date:_____

Drivers Signature:_____

Montu Staffing Solutions

CHECK THE ITEMS YOU HAVE WORKED

CLASS	EQUIPMENT
<input type="checkbox"/> Tractor Trailer(A) v11	<input type="checkbox"/> Dry Van
<input type="checkbox"/> Straight Truck(B) v07	<input type="checkbox"/> Reefer
<input type="checkbox"/> Straight Truck(D)	<input type="checkbox"/> Luger
	<input type="checkbox"/> Dump Truck
	<input type="checkbox"/> Side Dump
Endorsements	<input type="checkbox"/> End Dump
<input type="checkbox"/> HazMat v15	<input type="checkbox"/> Concrete
<input type="checkbox"/> Tanker v1103	<input type="checkbox"/> Belly Dump
<input type="checkbox"/> Double/Triples v13	<input type="checkbox"/> Pup Trailer
<input type="checkbox"/> Bus v0301	<input type="checkbox"/> Flatbed v1105
<input type="checkbox"/> Passenger v0301	<input type="checkbox"/> Lowboy
<input type="checkbox"/> Air Brake	<input type="checkbox"/> Conestoga
	<input type="checkbox"/> Step Deck
	<input type="checkbox"/> Drop Deck
Experience	<input type="checkbox"/> Car Carrier
<input type="checkbox"/> LTL	<input type="checkbox"/> Walking Floor
<input type="checkbox"/> OTR	<input type="checkbox"/> Pneumatic Tanker
<input type="checkbox"/> Regional	<input type="checkbox"/> Roll-Off
<input type="checkbox"/> Local	<input type="checkbox"/> Tanker
<input type="checkbox"/> Team	<input type="checkbox"/> RR Container
<input type="checkbox"/> Mountain Driving	<input type="checkbox"/> Boom Truck
<input type="checkbox"/> Tie Down/Tarping	<input type="checkbox"/> Day Cab
<input type="checkbox"/> Dry Bulk	<input type="checkbox"/> Sleeper
<input type="checkbox"/> Yard Work	<input type="checkbox"/> Ottawa/Yard Truck
<input type="checkbox"/> Driving Seniors	<input type="checkbox"/> Garbage Truck
<input type="checkbox"/> Other _____	<input type="checkbox"/> Forklift
	<input type="checkbox"/> Pallet Jack

CHECK WHAT YOU ARE WILLING TO DO

CLASS	EQUIPMENT
<input type="checkbox"/> Tractor Trailer(A)	<input type="checkbox"/> Dry Van
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<input type="checkbox"/> Passenger	<input type="checkbox"/> Lowboy
<input type="checkbox"/> Air Brake	<input type="checkbox"/> Conestoga
	<input type="checkbox"/> Step Deck
	<input type="checkbox"/> Drop Deck
Gain Experience	<input type="checkbox"/> Car Carrier
<input type="checkbox"/> LTL	<input type="checkbox"/> Walking Floor
<input type="checkbox"/> OTR	<input type="checkbox"/> Pnuematic Tanker
<input type="checkbox"/> Regional	<input type="checkbox"/> Roll-Off
<input type="checkbox"/> Local P&D	<input type="checkbox"/> Tanker
<input type="checkbox"/> Team	<input type="checkbox"/> RR Container
<input type="checkbox"/> Mountain Driving	<input type="checkbox"/> Boom Truck
<input type="checkbox"/> Tie Down/Tarping	<input type="checkbox"/> Day Cab
<input type="checkbox"/> Dry Bulk	<input type="checkbox"/> Sleeper
<input type="checkbox"/> Yard Work	<input type="checkbox"/> Ottawa/Yard Truck
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Saint Paul, MN 651-917-5387 Hopkins, MN TBD

ATTN: _____
1st: _____
2nd: _____
3rd: _____

REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

I hereby authorize my former employer to release the following information to Montu Staffing Solutions for purposes of Investigation as required by sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability that may result from furnishing such information.

Date

Applicant's Signature

APPLICANTS STOP AT THIS LINE

FORMER EMPLOYER, PLEASE PROVIDE THE FOLLOWING INFORMATION. WE APPRECIATE YOUR TIME.

Company: _____ Fax: _____

Driver's Name: _____ SS#: _____

Dates of Employment: From: _____ To: _____

Which motor vehicle type did they drive for you? Straight Truck Tractor/Trailer Bus Other _____

What states or areas did he/she drive in? _____

Was he/she dependable and on-time? Yes No Was his/her overall work satisfactory? Yes No

Reason for leaving your company: Discharged Resigned Laid Off Seasonal Other: _____

Is He/She eligible for rehire? Yes No If no, please explain: _____

Accidents: Total Number _____ Preventable _____ Non-Preventable _____

Please explain any tickets or license suspensions while working for you: _____

Please comment on work ethic and attitude: _____

In the past three years did he/she:	Test 0.04 or greater for alcohol	yes	no
	Test positive for controlled substance	yes	no
	Refuse to be tested for drugs/alcohol	yes	no
	Fail drug test for previous employer	yes	no

If yes to any above, please provide Substance Abuse Professional's name and phone number: _____

WOULD YOU LIKE INFORMATION ON UTILIZING **MONTU STAFFING SOLUTIONS** FOR YOUR NEEDS yes no

PLEASE RETURN VIA FAX: 763-782-8771

EMPLOYER SIGNATURE _____ TITLE _____ DATE _____

