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DRIVER EMPLOYMENT APPLICATION USDOT# 560073

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Plaisted Companies is an equal opportunity employer. All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

Position of interest _____

Name _____ Date of application _____
(Last) (First) (Middle)

Current Address _____
City _____ State _____ Zip _____ Phone No. _____

Previous Address _____ How long? _____
(If not at current address for the last 3 years)

Previous Address _____ How long? _____
(If not at current address for the last 3 years)

Do you have the legal right to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No

Can you provide proof of age? Yes No
(Required for commercial drivers)

Who referred you to Plaisted Companies? _____ Expected pay rate _____

DRIVER LICENSE INFORMATION

Driver's License No. _____ State _____ Type _____ Expiration Date _____

DRIVER EXPERIENCE

Type of Equipment _____ From (Date) _____ To (Date) _____ Approx. # of Miles _____

Type of Equipment _____ From (Date) _____ To (Date) _____ Approx. # of Miles _____

REQUIRED QUESTIONS

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

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

Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?
 Yes No

Have you ever been convicted of any serious crime? Yes No
(Include any plea of "Guilty" or "No Contest" except for minor traffic violation)

If you answered yes to any of the above 4 questions, you must attach a statement of explanation.

TICKETS/ACCIDENTS/ETC.

Accident Record for Past 3 Years

Date _____ Description _____ # of Injuries/Fatalities _____

Date _____ Description _____ # of Injuries/Fatalities _____

Traffic Convictions & Forfeitures for Past 3 Years

Date _____ Location _____ Charge _____ Penalty _____

Date _____ Location _____ Charge _____ Penalty _____

EMPLOYMENT RECORD – applicant must include 10 years of any/all employment

Employer Name	Phone No.	From (M/Y)	To (M/Y)
Address		Position	
City	State	Zip	Reason for leaving
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Phone No.	From (M/Y)	To (M/Y)
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City	State	Zip	Reason for leaving
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Phone No.	From (M/Y)	To (M/Y)
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Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

DECLARATION OF EMPLOYMENT STATUS (gaps in history)

If you were driving a CMV, you must complete employment history for the past 10 years.

Any gaps in employment longer than 1 month are explained as follows:

Activity during break _____ From (M/Y) _____ To (M/Y) _____

In addition, I was not employed by any company or individual Yes No

Activity during break _____ From (M/Y) _____ To (M/Y) _____

In addition, I was not employed by any company or individual Yes No

For additional blocks needed, please make a copy of this form.

TO BE READ AND SIGNED BY APPLICANT

This certifies 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.

I authorize Plaisted Companies, Inc. to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers and any other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination of employment. I understand also, that I am required to abide by all rules and regulations of Plaisted Companies, Inc.

I understand that employment offered is for an indefinite duration and at will and that either I or Plaisted Companies, Inc. may terminate my employment at any time with or without notice or cause.

Applicant's Signature _____ Date _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS, PART 383

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 16 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration _____

Driver Signature _____ Date _____

Print Name _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you, PLAISTED COMPANIES, to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company, as well as the FMCSRs.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 3921.23 (d) and (e). I understand that I have the right to:

- Review information provided by the 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.
- This certifies 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's Signature _____

Date _____

Print Name _____



If you're unable to use the submit button, save your completed pdf and email to: Mlefebvre@plaistedcompanies.com