



PO BOX 246
DYERSVILLE, IA 52040
PHONE: 563-875-7145 FAXES: 563-875-7860

CDL APPLICATION FOR EMPLOYMENT

All applicants who have a CDL must complete this application regardless of position applying for.

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which will include a drug test) may be required.

Position(s) applied for Date of application

PERSONAL INFORMATION

Name Social Security Number

Address Street Apt# City State Zip

Home Phone Cell Phone

Email Address

Date of Birth Are you eligible for employment in the United States? Yes No

Have you worked for this company before? Yes No Where?

Dates: From To Reason for leaving

Are you available to work: Full Time Part Time Temporary Summer Only

On what date would you be available for work? Are you on lay-off and subject to recall? Yes No

Can you travel if job requires it? Yes No

Would you accept employment Out-of-town Statewide Unaccompanied by family?

Who referred you? Rate of pay expected

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

Degree



DRIVER LICENSE INFORMATION

License Number _____ State _____ Expiration Date _____

CDL Type: () A () B Endorsements _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? () Yes () No
If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? () Yes () No
If yes, explain _____

Have you had an OWI in the past 5 years? () Yes () No

ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

	DATE	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc)	FATALITIES	INJURIES
Last accident				
Next previous				
Next previous				

TRAFFIC CONVICTIONS/ FORFEITURES FOR PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE

What type of trucks or types and makes/models of construction equipment can you operate?

Yrs _____

Yrs _____

Yrs _____

What type of trucks or types and makes/models of construction equipment can you repair?

List any craft training programs or special courses you have taken _____



EMPLOYMENT HISTORY

All CDL applicants who have held a CDL for 10 years, must provide the following information on all employers during the preceding 10 years. Entire 10 years must be accounted for. During periods of unemployment, list dates and write “unemployed” in employer information. If you have not had a CDL for 10 years, provide information back to the date you first obtained CDL license. List employers starting with most recent first. Add additional sheet if necessary.

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	



REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	PHONE	RELATIONSHIP	YRS KNOWN

Tell us about you. Examples: abilities, strengths, special training or recognitions, why do you want to work for us, what you can contribute to our success, anything else you would like to share-hobbies, other skills, etc.

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 you 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of BARD Materials's.

Applicant's Signature

Date

