

# APPLICATION FOR EMPLOYMENT

BENJAMIN BUS, INC. or NORTHFIELD LINES, INC.

32611 Northfield Blvd, Northfield MN 55057

1034 Gemini Rd, Eagan MN 55121

(507) 645-5720

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

## Address for the past 3 years:

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

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Street Address	City	State & Zip Code
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Street Address	City	State & Zip Code
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## Driver's License Information:

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State	License Number	Class	Expiration Date
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A. Have you ever been denied a license, permit or privilege to operate a vehicle or commercial vehicle? Yes \_\_\_ No \_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

IF THE ANSWER TO EITHER A OR B IS YES. ATTACH STATEMENT GIVING DETAILS.

## DRIVING EXPERIENCE

Type of equipment (van, tank, flat, bus, etc.)	Date (from to)	APPROX NUMBER OF MILES DRIVEN (TOTAL)
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ACCIDENT RECORD FOR PAST 5 YEARS:

Dates: Last Accident: _____	Nature of accident: _____ (e.g. head-on, rear-end, Upset, etc...)	Fatalities _____	Injuries _____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

NOTE: The D.O.T. and FMCSA requires that employment for at least 5 years and/or Commercial Driving Experience for the past 10 years be shown. The FMCSA Part 391.21 requires us to contact previous employers during the past three years preceding the date of this application. You must provide the dates you were employed by each employer along with a contact name and phone number, you must indicate whether you were subject to the FMCSR's while employed by your previous employer and you must furnish the reason why you left employment of previous employer: (ANY INCOMPLETE INFORMATION WILL PREVENT APPLICANT FROM BEING CONSIDERED FOR EMPLOYMENT)

**LAST EMPLOYER:** NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

CONTACT PERSON AND PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL FMCSR DURING THIS PERIOD? \_\_\_ YES \_\_\_ NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD? \_\_\_ YES \_\_\_ NO

REASON FOR LEAVING \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

CONTACT PERSON AND PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL FMCSR DURING THIS PERIOD? \_\_\_ YES \_\_\_ NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD? \_\_\_ YES \_\_\_ NO

REASON FOR LEAVING \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

CONTACT PERSON AND PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL FMCSR DURING THIS PERIOD? \_\_\_ YES \_\_\_ NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD? \_\_\_ YES \_\_\_ NO

REASON FOR LEAVING \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

CONTACT PERSON AND PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL FMCSR DURING THIS PERIOD? \_\_\_ YES \_\_\_ NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD? \_\_\_ YES \_\_\_ NO

REASON FOR LEAVING \_\_\_\_\_

Have you ever been convicted of a felony? If yes, explain...

Nearest relative (name, address, phone)

Emergency contact person (name, address, phone)

### EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	GRADUATED?
Graduate	_____			
College	_____			
Military	_____			
Business, Trade, Or Technical	_____			
High School	_____			
Elementary	_____			

#### TO BE READ AND SIGNED BY APPLICANT:

This information provided in the Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

It is the intention of the establishment to contact all previous employers within the past three years for the purpose of investigating the applicant's safety performance history as required by FMCSR Part 391.23. It is also expressly written that we are notifying you of your due process regarding information received as a result of this investigation including the following information:

- 1) You have the right to review information provided by previous employers;
- 2) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to us;
- 3) You have 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.

By signing this application you are giving Benjamin Bus and Northfield Lines, Inc. permission to check your previous employers and to obtain information contained in Part 391.2 of the FMCSR regulations.

Signed \_\_\_\_\_ Date: \_\_\_\_\_