

Shawn Fletcher Trucking, Inc.  
Fletcher Leasing, Inc.  
10545 Business 371  
Brainerd, Mn 56401  
218-825-8824  
Fax 218-825-3715

## Application for Employment

Are you applying for a position as a Driver? \_\_\_\_\_

If not what position are you applying for? \_\_\_\_\_

If you are applying for a position as a Driver you must meet the following conditions set forth by our Insurance Company:

- 1) You must be at least 23 years of age.
- 2) You must have a current, valid commercial drivers license with no restrictions and no current license suspension or revocation, with the proper endorsements to operate our equipment.
- 3) You must have at least two years of experience in the operation of tractor/trailer equipment.
- 4) You must be able to meet all Federal Motor Carrier guidelines.
- 5) You must have no major traffic violations on your record within the last three years:
  - a. Reckless or careless driving
  - b. DUI
  - c. Hit and run, leaving scene of accident, or failure to report an accident.
  - d. Excessive speeding as defined by the D.O.T. or any single offense for any speed 15mph or more above posted speed limit.
- 6) You must have no preventable accidents involving a fatality, bodily injuries treated away from the accident scene or disabling damage to any motor vehicle involved in an accident on your record within the last three years.

If you do not meet the above conditions you are not eligible for hire with our company.

I meet the above conditions. Applicant initials: \_\_\_\_\_

\*\* Information asked on this application is REQUIRED by the D.O.T. Please be thorough and complete in your responses.

Applicant full legal name (print): \_\_\_\_\_

First M.I. Last

Address: \_\_\_\_\_

Street or P.O. Box City State and Zip

How long have you lived at the above? \_\_\_\_\_

Previous addresses for last three years: (attach sheet if more space is needed)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Street City State and Zip

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Street City State and Zip

Social security number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Driver Licenses Info (including less than a CDL):

Date of Birth: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

\*If no licenses are held other than the State of Minnesota please initial here: \_\_\_\_\_

\*\* Prospective employees should at this time obtain a certified copy of his/her MVR Driving Records and return them to Fletchers with this application for consideration. Records should be run for all states a license is held (including non CDL). Records can be obtained at the Brainerd Police Department or Minnesota State Patrol Office for a small fee. We may not consider your application without a copy of your driving records nor will checks be issued to new employees until this requirement has been met.

Driving Experience (please give details regarding your experience with each type of equipment below):

\*Class (straight truck, tractor and semi trailer, double trailer, other):

\_\_\_\_\_  
Type (van tank, flat):

\_\_\_\_\_  
Years or months experience:

\_\_\_\_\_  
Approx # of miles with this equipment:

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Class: \_\_\_\_\_

Type: \_\_\_\_\_

Years or months of experience: \_\_\_\_\_

Approx # of miles: \_\_\_\_\_

-----  
Class: \_\_\_\_\_

Type: \_\_\_\_\_

Years or months of exp: \_\_\_\_\_

Approx # of miles: \_\_\_\_\_

Accident record for the last three years (attach sheet if more space is needed):

Date of last accident: \_\_\_\_\_

Nature of the accident (head on, rear end, upset etc): \_\_\_\_\_

Any fatalities: \_\_\_\_\_

Any injuries: \_\_\_\_\_

Any tows: \_\_\_\_\_

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Date of next previous accident: \_\_\_\_\_

Nature of accident: \_\_\_\_\_

Any fatalities: \_\_\_\_\_

Any injuries: \_\_\_\_\_

Any tows: \_\_\_\_\_

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Traffic convictions and forfeitures for the last three years (other than parking violations):

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

(attach sheet if more space is needed for the above)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES NO (circle one)

Has any license, permit or privilege ever been suspended, or revoked? YES NO

\*If the answer to either of the above is YES, please attach a statement giving details.

### Employment Record

Note: D.O.T. requires that previous employment for at least three years be listed and or commercial driving experience for the last ten years be shown.

Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Next previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Next previous: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I certify that all information on this application is true and correct to the best of my knowledge:

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(application continued page four reference and drug test checks)

Shawn Fletcher Trucking, Inc./Fletcher Leasing, Inc.  
10545 Business 371 Brainerd, Mn. 56401  
218-825-8824 (phone) 218-825-3715 (fax)

Request for information from previous employer

Applicant please fill out the single \*starred information below:

\*Name: \_\_\_\_\_ \*Social security #: \_\_\_\_\_

\*Company name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

The above listed person has made application to Fletcher Trucking Inc./ Fletcher Leasing Inc. for employment as a \* \_\_\_\_\_. He/she states that he/she was employed by or subcontracted to your company as a \* \_\_\_\_\_

\*From: \_\_\_\_\_ \*To: \_\_\_\_\_

I give permission to the above listed previous employer to release any of the below information regarding my employment with them. \*Signature: \_\_\_\_\_

Previous employer complete information below:

The U.S. Department of Transportation requires that we verify previous employment and drug and alcohol testing records. They also require that all previous employers share any positive drug and alcohol testing results with prospective employers upon request. This rule can be referenced in 382.405.

Please fill out the inquiry below respecting to this applicant. You may fax your reply to the above fax number and or mail it to the above address. Your reply will be held in the strictest confidence and in no way will involve you in any responsibility. If you have any questions or comments you may contact Shawn or Amie at the above telephone number. Thank you,

Shawn Fletcher Trucking Inc./Fletcher Leasing Inc.

\*\*\*1) Is the employment record with your company correct as stated above? YES NO  
If NO then why? \_\_\_\_\_

2) What kind(s) of work did the applicant do? \_\_\_\_\_

3) Did the applicant drive motor vehicles for you? YES NO (Circle one)

4) If so what type? \_\_\_\_\_

5) Was the applicant a safe and efficient driver? \_\_\_\_\_

6) Give dates of any vehicle accidents in which he/she was involved. \_\_\_\_\_

7) Reason for leaving your employ: \_\_\_\_\_

8) Was the applicant's general conduct satisfactory? \_\_\_\_\_

9) In your opinion, is the applicant competent for the position with our company? \_\_\_\_\_

10) Did the applicant ever drink any alcoholic beverages while on duty? YES NO

\*\*11) Did the applicant ever test positive for a controlled substance while in your employ?  
YES NO (Circle one)

\*\*12) Did the applicant ever test higher than a 0.04 Breath Alcohol Concentration while in your employ? YES NO (Circle one)

\*\* 13) Did the applicant ever refuse a required test for drugs or alcohol? YES NO

(if yes to any of the above double starred please include the contact info for the Substance Abuse Professional referral)

Previous employers are required by USDOT statute 382.405 to provide the prospective employer with the double starred information above.

Signature of company representative: \_\_\_\_\_ Title: \_\_\_\_\_

Fletcher office use (use initials to check off)

Form Faxed \_\_\_\_\_ Mailed \_\_\_\_\_ Emailed \_\_\_\_\_ Date: \_\_\_\_\_

Second request sent \_\_\_\_\_ Date: \_\_\_\_\_