

# EMPLOYMENT APPLICATION

Today's Date \_\_\_\_\_

Date available \_\_\_\_\_

Position \_\_\_\_\_

Schmitt & Sons, Inc.  
21160 Holyoke Avenue  
Lakeville, MN 55044

(952) 469-2256

IN COMPLIANCE WITH APPLICABLE LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, MARITAL OR VETERAN STATUS.

AS A MATTER OF POLICY, SCHMITTY AND SONS, INC. CHECKS REFERENCE INFORMATION, BOTH EDUCATIONAL AND EMPLOYMENT OF ALL FINAL CANDIDATES. PLEASE FILL OUT ALL THE REQUESTED INFORMATION ACCURATELY AND COMPLETELY.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Previous Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

How long at present address? \_\_\_\_\_ Previous address? \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Information \_\_\_\_\_  
NUMBER STATE TYPE/CLASS EXPIRATION DATE

In case of emergency, please contact \_\_\_\_\_  
NAME ADDRESS PHONE NUMBER

1. Have you ever worked for this company before? Yes No If so, when \_\_\_\_\_
2. State regulations require that you be at 18 years old or older to get a CDL License. Do you meet this requirement? Yes No
3. Have you been a resident of the State of Minnesota for the last five years? Yes No If not, please list the previous states. \_\_\_\_\_ and \_\_\_\_\_.
4. Have you ever been fired or asked to resign by an employer? Yes No
5. Were you ever discharged from employment due to an accident? Yes No
6. Have you driven a commercial vehicle in the last ten years? Yes No
7. Have you ever failed or refused a DOT Drug or Alcohol Pre-employment test within the past two years from an employer who did not hire you? Yes No

If you answered YES to questions 4, 5, 6, 7, please explain below:

\_\_\_\_\_



# EMPLOYMENT HISTORY

Starting with your most recent employer, list your previous employment history for the past five years; however, list all employment where you've held a driving position for the last ten years. Fill out information **completely**.

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE

Dates Employed \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Position \_\_\_\_\_ Did you drive a Commercial Vehicle? Yes No

Supervisor \_\_\_\_\_ Did you participate in a random drug program? Yes No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE

Dates Employed \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Position \_\_\_\_\_ Did you drive a Commercial Vehicle? Yes No

Supervisor \_\_\_\_\_ Did you participate in a random drug program? Yes No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE

Dates Employed \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Position \_\_\_\_\_ Did you drive a Commercial Vehicle? Yes No

Supervisor \_\_\_\_\_ Did you participate in a random drug program? Yes No

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE

Dates Employed \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Position \_\_\_\_\_ Did you drive a Commercial Vehicle? Yes No

Supervisor \_\_\_\_\_ Did you participate in a random drug program? Yes No

**ACCIDENT RECORD** (List all accidents for the past 10 years)

Date	Nature of Accident	# of Fatalities	# of Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRIVING RECORD** (List all traffic violations, convictions, and forfeitures for the past 10 years)

Date	Location (City & State)	Charges	Penalty/Fine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any false answers or statements and/or incomplete information made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. If employed, I will fully cooperate and strictly follow all company and safety rules. My signature certifies that I completed this application, and that I understand all questions and that all entries and information on this application is true and complete to the best of my knowledge. (If you are emailing this form, click here in lieu of signature, to acknowledge agreement)

**Your Signature** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

This application will remain current for 30 days from today's date. If you would like to be considered for a job after thirty days, please feel free to reapply.

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**Schmitt & Sons, Inc. is an Equal Opportunity Employer**

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