

# Ottertail Minn-Dakota Coaches, Inc. Ottertail Trucking, Inc.

P.O. Box 402 • Fergus Falls, MN 56537

## APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. We will not discriminate or tolerate discrimination, against any employee or applicant on race, creed, color, age, sex, religion, national origin, ancestry, disability or other protected status under state, federal or local EEO laws.

*All applicants and employees work in USDOT SAFETY sensitive jobs and are subject to substance abuse testing. In joining our company, you are committing 100% to the SAFETY culture and environment we need and expect on behalf of all the school children, other passengers we transport, and the general public. SAFETY IS OUR MOST IMPORTANT PRODUCT!*

### GENERAL INFORMATION

Date \_\_\_\_\_

Full Name \_\_\_\_\_  
Last
First
MI

Other names used: Yes No      If yes, please provide \_\_\_\_\_

Address \_\_\_\_\_  
Street
City
State
Zip Code

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_      Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_      Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency contact person (name, address, phone #): \_\_\_\_\_

Have you lived at the address given above for seven (7) years? Yes No  
 If no, please provide on a separate sheet of paper the addresses of all of the residences within the past seven (7) years.

Are you 18 years of age or older? Yes No  
 Are you legally eligible to work in the U.S. as required by federal law? Yes No

### POSITION INFORMATION

Position desired (Circle one):    Driver                  Driver Aide                  Maintenance                  Office

Date Available \_\_\_\_\_      Hours Available \_\_\_\_\_

Are you currently employed? Yes No      If yes, should we notify you prior to contacting your employer Yes No

### EDUCATION INFORMATION

TYPE OF SCHOOL	NAME AND LOCATION	No. of years completed	Did you Graduate?
High School			
College			
Trade or Business			

### BACKGROUND INFORMATION

Have you ever been discharged from any position? (excluding layoffs) Yes No      If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been asked to resign from any position? Yes No If yes, please explain? \_\_\_\_\_

Why are you interested in this position? \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

**DRIVER INFORMATION (for driver applicants only)**

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

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE	AMOUNT OF TIME LICENSE WAS HELD FOR

Has any license, permit of privilege ever been suspended or revoked? Yes No  
If yes, please provide details \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc)	DATES:		APPROX. NUMBER OF MILES
		FROM:	TO:	

List states operated in for the last five (5) years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

Have you ever had an injury that would prevent you from performing the duties of this job? Yes No If yes, please explain \_\_\_\_\_

**ACCIDENT RECORD**

(Attach additional sheets if needed)

DATES	NATURE OF ACCIDENT (head on, rear-end, roll over, etc)	FATALITIES	INJURIES	DID YOU RECEIVE A CITATION?	WAS THE ACCIDENT D.O.T. REPORTABLE?
Last accident					
Next Previous					
Next Previous					
Next Previous					

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS (Other than parking violations)**

LOCATION	DATE	CHARGE	PENALTY


Any additional traffic convictions and forfeitures, please attach additional sheet.

### EMPLOYMENT HISTORY

Have you ever tested positive or refused to test in a pre-employment drug and alcohol screening in the last two (2) years?  
 Yes            No

Have you ever been employed in a safety sensitive position requiring your participation in a random alcohol and drug testing program?            Yes            No

If yes, have you ever failed a test as a part of such program?            Yes            No  
 Please indicate below which employers had such a program.

(List below the last four consecutive employers starting with your most recent or present employer. Resumes may not be substituted for completing this portion of the application.)

*Note: DOT requires that employment for at least three (3) years and/or Commercial Driving Experience for the past ten (10) years be shown. Attach additional sheets if necessary.*

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

Random alcohol and drug testing program?            Yes            No

Type of Business: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Random alcohol and drug testing program?            Yes            No

Type of Business: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Random alcohol and drug testing program?            Yes            No

Type of Business: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Random alcohol and drug testing program?                      Yes                      No

Type of Business: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*Please explain any gaps in employment history:*

\_\_\_\_\_

Have you ever worked for or applied for work at any private or district school bus operation? Yes No If yes, please provide name and contact information:

\_\_\_\_\_

**REFERENCES**

Please provide the names of three people not related to you who you have known at least 3 years, (preferably people with whom you have a professional working relationship).

NAME	ADDRESS/PHONE NUMBER	OCCUPATION / BUSINESS	YEARS AQUAINTED

**PLEASE READ BEFORE SIGNING**

**Accuracy/Verification of Information**

I promise that the information provided in this Application (and accompanying resume, if any) is true and complete, to the best of my knowledge, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the Company to contact my references and past employers to obtain information concerning my past experiences, education and personal character.

I authorize any person, school, current employers, past employer(s), organizations and agencies to provide the Company with relevant information and opinion that may be used in employment decisions. In consideration of the Company's review of this application, I release it and all providers of information from any liability as a result of furnishing and receiving this information.

**Conditions of employment if offered**

I understand that this application is not intended to be a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time. I understand that the company can change wages, benefits and working conditions at any time and agree that, if employed, I will comply with the Company's work rules.

I have read and understood this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_