

Dakota Line Contractors Application for Employment

We are an equal opportunity employer, dedicated to policy of non-discrimination in employment on any basis including race, color age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date: _____

Name: _____
Last
First
Middle

Present address: _____
Street
City
State
Zip Code

Cell Phone Number: _____ Home Phone Number: _____

Referred by: _____ Are You 18 Years of Age ? **YES or NO**

Do You Have a Valid Driver's License? **YES or NO** Have You Ever Been Convicted of a Felony? **YES or NO**

Do You Have a Valid CDL? **YES or NO**

Are You Able to Lift/or Move 100 pounds? **YES or NO** If No, Please explain:

Are you Able to Work in All Weather Conditions(Extreme Cold/Or Hot Temperatures) ? **YES or NO**

If No, Please explain:

Are you able to do Repetitive Motion Required on a Daily Basis. This May Include Bending, Pushing, Pulling, Reaching, Climbing, Squatting & Lifting? **YES or NO** If No, Please Explain:

EMPLOYMENT DESIRED

Position: _____ Date Available: _____ Salary Desired: _____

Are You Employed Now? **YES or NO** If Yes, Can We Contact Your Current Employer? _____

Have You Ever Applied to or Worked for This Company Before? **YES or NO** Where? _____ When? _____

EDUCATION

	Name & Location of School	Circle The Last Year Completed	Did You Graduate?	Subjects Studied & Degree(s) Earned
High School		1 2 3 4	Yes or No	
College		1 2 3 4	Yes or No	
Trade, Business or Correspondence School		1 2 3 4	Yes or No	

SPECIALIZED SKILLS

List any Skills, Training, Certifications, Equipment Operated:

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month & Year	Name, Address & Phone Number of Employer	Salary (Upon Leaving)	Position	Reason for Leaving
Form:				
To:				
Form:				
To:				
Form:				
To:				
Form:				
To:				

REFERENCES List below three persons not related to you, whom you have known at least one year.

	Name	Phone Number	Position	Years Acquainted
1				
2				
3				

I certify the information contained in this application is true, correct, and complete. I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal.

Applicant Signature:

Date:

MVR Privacy Protection Waiver

For the sole purpose of determination and evaluation of my motor operating record and pursuant to the State and Federal regulations of compliance, I _____ authorize

(Print Name of Employee)

Kramer Agency

(Name of Agency)

To obtain my Motor Vehicle Record, I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the

State Department of Motor Vehicles

(Name of State)

Drivers License Number

State

Date of Birth

Street Address & Mailing Address

City

State

Zip Code

I also authorize release of this information to my employer (or proposed employer)

Signature of Employee

Date

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number. It does not include information on vehicular accidents driving violations and driver status.