



EMPLOYMENT APPLICATION DOT DRIVERS

**701 24th Avenue Southeast
Minneapolis, MN 55414**

**Phone: (612) 623-1200
Fax: (612) 623-9108**

Murphy Warehouse Company does not discriminate in hiring or employment on the basis of age, race, color, religion, creed, national origin, sex, ancestry, sexual orientation, disability, or any other category protected by law.

All Murphy Warehouse job offers are contingent offers based on passing a drug test.

Date: _____

Personal Information

Last Name	First Name	MI	Social Security Number
Street Address			County
City	State	Zip Code	Home Phone ()
Previous Address (if less than 3 years at the above address)			Alternate Phone ()
Applicant Signature			Date of Birth (US DOT requirement – 391.21 (b) (2))

If the above residence is less than 3 years, list all residences for the past 3 years. Attach a separate sheet if necessary.

Street, City, State, Zip Code
Street, City, State, Zip Code
Street, City, State, Zip Code

Position Information

Position Applying For		Who referred you?	
Earnings Expected (or \$ per week)		Date can begin if offered employment	
Would you like to work full time? Yes / No	Specify shift (1 st , 2 nd , 3 rd) <input type="radio"/> 1 st Shift <input type="radio"/> 2 nd Shift <input type="radio"/> 3 rd Shift	Would you like to work part time? Yes / No	Specify days/hours available
Have you worked for this company before? Yes / No If so, when? From To		Reason for leaving?	

Education Information

Elementary	Address	Last Year Completed				Degree Received?	Last Year Attended
		5	6	7	8	Yes / No	
High School	Address	1	2	3	4	Yes / No	
College	Address	Courses Majored In				Yes / No	
College	Address	Courses Majored In				Yes / No	
Graduate School	Address	Courses Majored In				Yes / No	
Business/Trade	Address	Courses Majored In				Yes / No	
Correspondence/Night	Address	Courses Majored In				Yes / No	

Additional Training

Summarize additional training such as correspondence courses, in-company courses or other job training, etc.	Date

Military Service Record

Were you in the US Armed Forces? Yes / No	If yes, what branch?
Dates of duty: From To	Rank at discharge?
List duties in the service including special training	
Have you taken any training under the GI Bill of Rights? Yes / No	
If yes, what training did you take?	

Experience and Qualifications

Driver's licenses held in last 3 years				
State	License Number	Class	Endorsement(s)	Expiration Date

Driving Experience

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes / No
Has your license, permit or privilege ever been suspended or revoked?	Yes / No
Have you ever been disqualified for violations of the Federal Motor Carrier Regulations?	Yes / No

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Miles
		From:	To:	
Straight Truck				
Tractor and Semi Trailer				
Twin Trailers – LVCs				
Other:				
Other:				

List states operated in during last five years

List special courses or training that will help as a driver

List driving awards received

Accident review for past 3 years

	Date	Nature of Accident (head-on, overturn, rear-end, etc.)	Fatalities	Injuries	Tickets
Last Accident					
Next Previous					
Next Previous					
Next Previous					
Next Previous					

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking)

Location	Date	Charge	Penalty

Employment History

The US Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987, they must also show commercial driver employment for the seven years immediately preceding this year period (Part 391.21 (B) (10), (11)).

Start with the last or current position, including military experience, and work back (attach a separate sheet of paper if necessary).

Current / Most Recent Employer		
Company Name		Type of Business
Street Address (Street, City, State, Zip Code)		
Employment Dates (Month/Year) From To		Position Title
Brief description of job		
Supervisor's Name	Title	Phone
Starting Salary Per \$ year / month / hour	Present or Final Salary Per \$ year / month / hour	Date of Last Increase Amount
Reason for leaving?		May we contact this employer? Yes / No

First Previous Employer		
Company Name		Type of Business
Street Address (Street, City, State, Zip Code)		
Employment Dates (Month/Year) From To		Position Title
Brief description of job		
Supervisor's Name	Title	Phone
Starting Salary Per \$ year / month / hour	Present or Final Salary Per \$ year / month / hour	Date of Last Increase Amount
Reason for leaving?		May we contact this employer? Yes / No

Second Previous Employer		
Company Name		Type of Business
Street Address (Street, City, State, Zip Code)		
Employment Dates (Month/Year) From To		Position Title
Brief description of job		
Supervisor's Name	Title	Phone
Starting Salary Per \$ year / month / hour	Present or Final Salary Per \$ year / month / hour	Date of Last Increase Amount
Reason for leaving?		May we contact this employer? Yes / No

Other Previous Employment

Employer	Job	From	To	Final Salary	Supervisor

To Be Read And Signed By Applicant

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer, or his agents and others authorized or contracted, will investigate my background and experience to ascertain any and all information of concern to my employment history and other information which is a matter of record, and whether same is of record or not. I release employers, and other persons, who may supply information from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job it will be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, that this constitutes the statement that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. This also provides any necessary authorization for this company, or its representative, to check driving records with the appropriate agency.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all rules and policies of the employer.

This certifies that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge.

Applicant Signature _____ **Date** _____