

APPLICATION FOR EMPLOYMENT

ALBERT LEA BUS CO INC
1407 ST JOHN AVE
ALBERT LEA MN 56007
507-373-1467

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED.
PLEASE PRINT.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

PERSONAL INFORMATION

Date: _____ Email: _____
Name: _____
First Middle Last
Address: _____ Telephones: Home _____
City _____ State _____ Zip _____ Cell _____
Date of Birth: _____ Social Security Number: _____
Desired Position: _____
Hours Available: _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period.

1) Street _____ Dates: From _____ To _____
City _____ State _____ Zip _____
2) Street _____ Dates: From _____ To _____
City _____ State _____ Zip _____

Use backside of sheet for additional addresses.

DRIVER'S LICENSE INFORMATION

All Licenses held, last 3 years:

State	_____	Number	_____	Expiration Date	_____
State	_____	Number	_____	Expiration Date	_____
State	_____	Number	_____	Expiration Date	_____

COMPANY EXPERIENCE

Type of vehicle driven: _____ Dates: From _____ To _____
Approximate mileage driven: _____
Type of vehicle driven: _____ Dates: From _____ TO _____
Approximate mileage driven: _____
Type of vehicle driven: _____ Dates: From _____ To _____
Approximate mileage driven: _____

ACCIDENTS

All accidents in last 3 years: (If none, write NONE)

Date _____	Describe _____	Fatalities _____	Injuries _____
Date _____	Describe _____	Fatalities _____	Injuries _____
Date _____	Describe _____	Fatalities _____	Injuries _____

TRAFFIC VIOLATIONS CONVICTIONS

All traffic violations convictions in the last 3 years: (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

EMPLOYMENT HISTORY

Starting with most recent, last 10 years; account for gaps between employers: (If owner/operator, list carriers leased to)

Employer: _____ Dates: From _____ To _____
 Address: _____ Supervisor: _____
 Telephone: _____

Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No

Starting & Ending Pay: _____ Hourly / Weekly / Monthly / Yearly

Reason for leaving: _____

Employer: _____ Dates: From _____ To _____
 Address: _____ Supervisor: _____
 Telephone: _____

Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No

Starting & Ending Pay: _____ Hourly / Weekly / Monthly / Yearly

Reason for leaving: _____

EMPLOYMENT HISTORY (CONT)

Employer: _____ Dates: From _____ To _____
Address: _____ Supervisor: _____
_____ Telephone: _____
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No
Starting & Ending Pay: _____ Hourly / Weekly / Monthly / Yearly
Reason for leaving: _____

Employer: _____ Dates: From _____ To _____
Address: _____ Supervisor: _____
_____ Telephone: _____
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No
Starting & Ending Pay: _____ Hourly / Weekly / Monthly / Yearly
Reason for leaving: _____

Employer: _____ Dates: From _____ To _____
Address: _____ Supervisor: _____
_____ Telephone: _____
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No
Starting & Ending Pay: _____ Hourly / Weekly / Monthly / Yearly
Reason for leaving: _____

Employer: _____ Dates: From _____ To _____
Address: _____ Supervisor: _____
_____ Telephone: _____
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No
Starting & Ending Pay: _____ Hourly / Weekly / Monthly / Yearly
Reason for leaving: _____

Employer: _____ Dates: From _____ To _____
Address: _____ Supervisor: _____
_____ Telephone: _____
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No
Starting & Ending Pay: _____ Hourly / Weekly / Monthly / Yearly
Reason for leaving: _____

Use backside of sheet for additional employers.

