



**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
STREET CITY STATE/ZIP

SSN \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**ADDRESS(ES) FOR PAST THREE YEARS**

\_\_\_\_\_ How Long \_\_\_\_\_  
STREET CITY STATE/ZIP

\_\_\_\_\_ How Long \_\_\_\_\_  
STREET CITY STATE/ZIP

POSITION DESIRED \_\_\_\_\_ CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_  
STATE NUMBER TYPE EXPIRATION

**EQUIPMENT OPERATING EXPERIENCE (CIRCLE YES OR NO)**

SKID STEER YES NO # YRS \_\_\_\_\_ FRONT END LOADER YES NO # YRS \_\_\_\_\_

BACKHOE YES NO # YRS \_\_\_\_\_ ROLLER YES NO # YRS \_\_\_\_\_

TRACTOR YES NO # YRS \_\_\_\_\_

**DRIVING EXPERIENCE – COMMERCIAL DRIVERS ONLY**

CLASS OF EQUIPMENT \_\_\_\_\_ TYPE OF EQUIPMENT \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ APPROX. # OF MILES \_\_\_\_\_

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE	LOCATION	CHARGE	ACCIDENT/PENALTY



HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? \_\_\_\_\_

HAS ANY LICENSE PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF YOU ANSWERED YES TO EITHER QUESTION, PLEASE EXPLAIN IN DETAIL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE UNITED STATES  
BECAUSE OF A VISA OR IMMIGRATION STATUS?

\_\_\_\_\_

**EMPLOYMENT RECORD**

NOTE:

MNDOT REQUIRED THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YRS BE SHOWN.

LAST EMPLOYER

\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ REASON FOR  
LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER

\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER

\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

FOURTH LAST EMPLOYER

\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_



**EDUCATION**

HIGH SCHOOL \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

COLLEGE/VOCATIONAL \_\_\_\_\_

DEGREE EARNED \_\_\_\_\_ MILITARY SERVICE YES NO

BRANCH \_\_\_\_\_ DUTIES \_\_\_\_\_

DATES \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY MYSELF AND THAT ALL PROVIDED INFORMATION IS CORRECT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_