



Lakes Area Cooperative  
459 3<sup>rd</sup> Ave SE; Perham, MN 56573

**COMMERCIAL DRIVER APPLICATION (\$391.21)**

**\*\*Please Print\*\***

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_  
(Present address, include street, city, state & zip code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Home Number: \_\_\_\_\_

Emergency Contact Cell Phone Number: \_\_\_\_\_

Emergency Contact Work Number: \_\_\_\_\_

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

| Dates | Street Address | City | State | Zip Code |
|-------|----------------|------|-------|----------|
|       |                |      |       |          |
|       |                |      |       |          |
|       |                |      |       |          |

**Driver's License Information: Please include your CURRENT, valid license, and the past 3 years including permits.**

| State | Driver's License Number | Class & Endorsements | CDL Class Y/N |    | Expiration Date |
|-------|-------------------------|----------------------|---------------|----|-----------------|
|       |                         |                      | YES           | NO |                 |
|       |                         |                      | YES           | NO |                 |

**DRIVING EXPERIENCE & CDL DATE**

Due to **Sub-Part E Entry Level Driver Training Requirements – Part 380** this information is *required*.

|   |       |     |      |
|---|-------|-----|------|
| <b><u>**MY CDL LICENSE was FIRST OBTAINED ON:</u></b> | Month | Day | Year |
|---|-------|-----|------|

Please include the type of equipment operated (such as buses, trucks, tractors, semi-trailers, full trailers, and pole trailers).

| Type of vehicle driven | Period of Time | Nature & Extent |
|------------------------|----------------|-----------------|
|                        |                |                 |
|                        |                |                 |
|                        |                |                 |

**MOTOR VEHICLE ACCIDENTS – LAST 3 YEARS**

List all motor vehicle accidents in which you were involved in the past 3 years preceding the date that the application is submitted.

**If none, please write NONE.**

| 1. Date | Location | Details | Fatalities | Injuries |
|---------|----------|---------|------------|----------|
|         |          |         |            |          |
|         |          |         |            |          |

| 2. Date | Location | Details | Fatalities | Injuries |
|---------|----------|---------|------------|----------|
|         |          |         |            |          |
|         |          |         |            |          |



**TRAFFIC VIOLATIONS – LAST 3 YEARS**

List all Traffic Violations (other than parking violations) of which you were convicted or forfeited bond or collateral in the past 3 years. **If none, please write NONE.**

| Date | Violation | State | In Commercial Vehicle (Y/N) |           |
|------|-----------|-------|-----------------------------|-----------|
|      |           |       | <b>YES</b>                  | <b>NO</b> |
|      |           |       | <b>YES</b>                  | <b>NO</b> |
|      |           |       | <b>YES</b>                  | <b>NO</b> |

**REVOCATIONS & SUSPENSIONS**

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

**Yes**       **No**

If yes, please provide detail:

| Date | State | Violation | Explanation |
|------|-------|-----------|-------------|
|      |       |           |             |

**EDUCATION**

| Type of School Attended   | School Name & Location | Did you graduate? Yes/No | Diploma/Degree | Grade Point Average | Major Course of Study |
|---|------------------------|--------------------------|----------------|---------------------|-----------------------|
| High School:<br><small>circle highest grade completed</small><br>9 10 11 12 |                        |                          |                |                     |                       |
| Technical or Vocational   |                        |                          |                |                     |                       |
| College or University   |                        |                          |                |                     |                       |
| Graduate School   |                        |                          |                |                     |                       |
| Professional Seminars, or Additional Training                               |                        |                          |                |                     |                       |

**EMPLOYMENT HISTORY**

List all employment history for the past 10 years. **All gaps in employment must be accounted for.** If there is any time frame of **unemployment** or **self employment** please list. If you were an owner/operator, list carriers leased to. **This is a DOT requirement §391.21 (b)(10 & 11).**

**\*\*You must include the COMPLETE address including street, city, state, zip code and phone number\*\***

|                     |                  |  |        |  |            |           |
|---------------------|------------------|--|--------|--|------------|-----------|
| <b>1. Employer</b>  |                  | Dates Employed<br>From / To (mm/dd/yyyy) |        | Work Performed:  |            |           |
| Address:            |                  | From:                                    | To:    |  |            |           |
| Phone #:            | Fax #:           | Hourly Rate/Salary                       |        |  |            |           |
| Job Title:          | Supervisor Name: | Starting:                                | Final: | I was subject to FMCSR rules while employed at this company:                               | <b>YES</b> | <b>NO</b> |
| Reason for Leaving: |                  |  |        | I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period: | <b>YES</b> | <b>NO</b> |

|                     |                  |  |        |  |            |           |
|---------------------|------------------|--|--------|--|------------|-----------|
| <b>2. Employer</b>  |                  | Dates Employed<br>From / To (mm/dd/yyyy) |        | Work Performed:  |            |           |
| Address:            |                  | From:                                    | To:    |  |            |           |
| Phone #:            | Fax #:           | Hourly Rate/Salary                       |        |  |            |           |
| Job Title:          | Supervisor Name: | Starting:                                | Final: | I was subject to FMCSR rules while employed at this company:                               | <b>YES</b> | <b>NO</b> |
| Reason for Leaving: |                  |  |        | I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period: | <b>YES</b> | <b>NO</b> |



**EMPLOYMENT EXPERIENCE CONTINUED**

List all employment history for the past 10 years.

**\*\*You must include the COMPLETE address including street, city, state, zip code and phone number\*\***

|                     |                  |  |        |  |     |    |
|---------------------|------------------|--|--------|--|-----|----|
| <b>3. Employer</b>  |                  | Dates Employed<br>From / To (mm/dd/yyyy) |        | Work Performed:  |     |    |
| Address:            |                  | From:                                    | To:    |  |     |    |
| Phone #:            | Fax #:           | Hourly Rate/Salary                       |        |  |     |    |
| Job Title:          | Supervisor Name: | Starting:                                | Final: | I was subject to FMCSR rules while employed at this company:                               | YES | NO |
| Reason for Leaving: |                  |  |        | I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period: | YES | NO |

|                     |                  |  |        |  |     |    |
|---------------------|------------------|--|--------|--|-----|----|
| <b>4. Employer</b>  |                  | Dates Employed<br>From / To (mm/dd/yyyy) |        | Work Performed:  |     |    |
| Address:            |                  | From:                                    | To:    |  |     |    |
| Phone #:            | Fax #:           | Hourly Rate/Salary                       |        |  |     |    |
| Job Title:          | Supervisor Name: | Starting:                                | Final: | I was subject to FMCSR rules while employed at this company:                               | YES | NO |
| Reason for Leaving: |                  |  |        | I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period: | YES | NO |

|                     |                  |  |        |  |     |    |
|---------------------|------------------|--|--------|--|-----|----|
| <b>5. Employer</b>  |                  | Dates Employed<br>From / To (mm/dd/yyyy) |        | Work Performed:  |     |    |
| Address:            |                  | From:                                    | To:    |  |     |    |
| Phone #:            | Fax #:           | Hourly Rate/Salary                       |        |  |     |    |
| Job Title:          | Supervisor Name: | Starting:                                | Final: | I was subject to FMCSR rules while employed at this company:                               | YES | NO |
| Reason for Leaving: |                  |  |        | I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period: | YES | NO |

|                     |                  |  |        |  |     |    |
|---------------------|------------------|--|--------|--|-----|----|
| <b>6. Employer</b>  |                  | Dates Employed<br>From / To (mm/dd/yyyy) |        | Work Performed:  |     |    |
| Address:            |                  | From:                                    | To:    |  |     |    |
| Phone #:            | Fax #:           | Hourly Rate/Salary                       |        |  |     |    |
| Job Title:          | Supervisor Name: | Starting:                                | Final: | I was subject to FMCSR rules while employed at this company:                               | YES | NO |
| Reason for Leaving: |                  |  |        | I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period: | YES | NO |

|                     |                  |  |        |  |     |    |
|---------------------|------------------|--|--------|--|-----|----|
| <b>7. Employer</b>  |                  | Dates Employed<br>From / To (mm/dd/yyyy) |        | Work Performed:  |     |    |
| Address:            |                  | From:                                    | To:    |  |     |    |
| Phone #:            | Fax #:           | Hourly Rate/Salary                       |        |  |     |    |
| Job Title:          | Supervisor Name: | Starting:                                | Final: | I was subject to FMCSR rules while employed at this company:                               | YES | NO |
| Reason for Leaving: |                  |  |        | I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period: | YES | NO |

|                     |                  |  |        |  |     |    |
|---------------------|------------------|--|--------|--|-----|----|
| <b>8. Employer</b>  |                  | Dates Employed<br>From / To (mm/dd/yyyy) |        | Work Performed:  |     |    |
| Address:            |                  | From:                                    | To:    |  |     |    |
| Phone #:            | Fax #:           | Hourly Rate/Salary                       |        |  |     |    |
| Job Title:          | Supervisor Name: | Starting:                                | Final: | I was subject to FMCSR rules while employed at this company:                               | YES | NO |
| Reason for Leaving: |                  |  |        | I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period: | YES | NO |

Use backside of sheet for additional employers



NH-2.4

### SPECIALS SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

|  |
|--|
|  |
|  |
|  |

As a prospective driver employee, you have the right to review information provided by previous employers per §391.23(i). You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer: the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

#### **MOTOR VEHICLE REPORT DISCLOSURE & AUTHORIZATION TO RELEASE INFORMATION**

**I am aware that a consumer report, (motor vehicle record) will be obtained on me in the course of consideration for employment and at any time throughout my employment.**

**Any documents/records obtained pursuant to this authorization may be disclosed to any insurance carrier or prospective insurance carrier of the entity to which I am applying for employment and/or to whom I am currently employed. I understand that this may result in that insurance entity obtaining motor vehicle/driver history information on me.**

**By signing this application I hereby authorize, without reservation, any party, state, or agency contacted by Denspri, LLC, to furnish the above mentioned information.**

**By signing this application I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.**

#### **CERTIFICATION**

“This certifies that the application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **Lakes Area Cooperative** to make an investigation of any of the facts set forth in this application.”

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and controlled substance test is required for certain classifications.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date