



Allendan Trucking, LLC
1966 175th Lane
Winterset, IA 50273
515-462-1241

APPLICATION FOR EMPLOYEMENT

Applicant:

Full name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

How Long? _____

Telephone Number: _____ E-Mail Address: _____

Date of Birth: _____ Social Security Number: _____

Salary Requirement: _____

Date Available to Start: _____

Previous Three Years Residency

_____ # of years _____

Street City State & Zip Code

_____ # of years _____

Street City State & Zip Code

_____ # of years _____

Street City State & Zip Code

(Attach sheet if more space is needed)

Referred by/ Heard about position from: _____

Can you perform, with or without reasonable accommodation, the essential functions of the job that you are applying for? YES NO

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Driver Licenses or Permits held in the past 3 years	State	License No.	Class	Endorsement(s)	EXPIRATION DATE

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM(M/Y) To(M/Y)	APPROX.NO. OF MILES (TOTAL)
Straight Truck- <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & Semi- Trailer- <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor- Two Trailers- <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor- Three Trailers- <input type="checkbox"/> Yes <input type="checkbox"/> No			
Motor Coach- School Bus- <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 8 Passengers</small>	-----		
Motor Coach- School Bus- <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 15 Passengers</small>	-----		
Other-			

List States Operated in for last five years:

Accident Record for past 3 years or more (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD ONE, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

Traffic Convictions and Forfeitures for past 3 years (other than parking violations)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and /or points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

If yes, explain

B. Has any license, permit, or privilege ever been suspended or revoked?

Yes _____ No _____

If yes, explain

Education

Highest Grade Completed: _____

Last school Attended: _____
Name City, State

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, educations, financial, and other related matters as may be necessary for any employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____