

**APPLICATION FOR EMPLOYMENT
GOWAN CONSTRUCTION, INC.
PO BOX 228
Oslo, MN 56744
701-699-5171 (office), 701-699-3400 (fax)**

TRUCK DRIVER ONLY

All information provided will be held in strict confidence

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Please list the addresses at which you have resided in during the last 3 years (If more, please write on back):

Street	City	State/Providence	Zip Code
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Telephone #: _____ Mobile #: _____ Email: _____

Emergency Contact Information: Name: _____ Phone #: _____

Are you legally able to work in the United States? Yes No

Have you worked for Gowan Construction, Inc. before? Yes No

Have you ever been disqualified from driving a commercial motor vehicle for violations of Federal Motor Carrier Safety Regulations, State or Local Regulations? Yes No

Has your license, permit or privilege to operate a motor vehicle ever been revoked or suspended, denied a license or permit or been convicted of a DUI? Yes No

If yes, please list date and details: _____

Have you ever tested positive or refused to take any drug or alcohol test? Yes No

If yes, provide details: _____

DRIVERS LICENSE INFORMATION

List all valid Drivers License that you hold and any held in the last 3 years:

State	License #	Type	Expiration Date
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DRIVING EXPERIENCE

Class of Equipment	Equipment Type	Dates	Approx. Miles
Straight Truck		to	
Tractor-Trailer		to	
Twin Trailers		to	
Other		to	

List States operated in during the last three (3) years:

Have you had any traffic convictions and/or forfeitures in the past five (5) years – other than parking violations? If yes, provide the following information, if none, state none.

Date	Location	Charge or Offense

Have you had any accidents in the last three (3) years? If none please state none. Write on back if needed

Date	Type/Nature of Accident	Location	Injuries or Fatalities

Have you ever been convicted of a felony? Yes No (conviction is not an automatic bar from employment)

If yes, give details: _____

Education/Training:

Circle highest level of education completed: 7 8 9 10 11 12 GED 13 14 15 16 17 18

Date of GED or High School Graduation: _____

Name of School: _____ Course of Study: _____

Degree/Cert & Date: _____

List any other training completed (truck driving schools, service schools, etc.) Please list dates and locations:

Have you served in the armed forces? Yes No Dates of Service: _____ to _____

Branch: _____

Status: Active Discharged

EMPLOYMENT HISTORY

Begin with your present experience and work backward in order listing all employers, military, self-employment, driving school and other training programs for the last ten (10) years. Leave no gaps in time for the past 10 years. All time must be accounted for. All information must be filled out completely.

Are you presently employed? Yes No

If yes, may we contact your employer? Yes No

Current Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program? Yes No

Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program? Yes No

Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program? Yes No

Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program? Yes No

Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program? Yes No

Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program? Yes No

Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program? Yes No

Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program? Yes No

Company: _____
Address: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

Position Held: _____ Did you drive a Commercial Vehicle? Yes No
Date Started: _____ Date Ended: _____

Reason for leaving: _____

Number of Accidents: _____

Were you subject to Federal Motor Carrier Safety Regulations and a Drug & Alcohol testing Program?

IMPORTANT NOTICES TO DRIVER, PLEASE READ BEFORE SIGNING

In connection with my application for employment (including contract for services) with Gowan Construction, Inc., I understand that consumer reports, which may contain public record information, may be requested from other agencies. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal record, etc., from federal, state and other agencies which maintain such records.

DISCLOSURE AND RELEASE

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

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

DRUG AND ALCOHOL POLICY RECEIPT

I have been given a copy of Gowan Construction, Inc.'s Controlled Substance & Alcohol Testing Program Summary Description. I understand this policy and agree to abide by the program. I also understand the consequences of my failure to comply with the policies.

I understand the Federal Motor Carrier Safety Regulations as it pertains to me. Access to Federal Motor Carrier Safety Regulations has been provided to me by the employer. Until all background information and driver qualification requirements have been verified by the Company Safety Department any offer of employment made is conditional. This means that an offer of employment maybe withdrawn. Areas that will be verified include but are not limited to:

Past Employment Verification
Type of Equipment Driven
DOT Qualification Requirements
Driver Record Check (MVR)

Duration of Past Commercial Driving Experience
Company Qualification Requirements
DOT Physical Qualification Requirements
Drug and Alcohol Screening Results

You have the right to review information provided by previous employers and the right to correct that information, the right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer. You have 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.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and for other purposes. I also understand that I have due process rights regarding information received as part of this background check. This certifies that this application was completed by me. All information in this application is true and complete to the best of my knowledge. Any conditional offer of employment or actual employment does not constitute a guarantee of continued employment. I understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Signature of Applicant

Date