

Application for Employment
ANDERSON WESTERN, INC.
PO Box 2319, Bismarck ND 58502-2319
Phone 701-222-3550; Fax 701-222-3516

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, or non-job related disability. We are an EQUAL OPPORTUNITY EMPLOYER.

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED IF YOU HAVE A CDL.

Positions applied for: _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone No. (_____) _____ Cell No. (_____) _____

Previous Addresses if at this address for less than three years _____

DRIVER LICENSE:

State of Issue _____ License No. _____ Expiration Date _____

Class _____ Endorsements _____

Any applicant with a CDL must provide the following information:

Date of Birth _____

EXPERIENCE & QUALIFICATIONS:

CDL holders must list your previous employers from the past ten (10) year period.

Previous employers from the last 3 years will be contacted for the purpose of investigating your safety performance history as required by paragraphs (d) and (e) of CFR 49 Part 391.23. You have the right to (1) review information provided by previous employers, (2) to have errors in information corrected by the previous employer and for that employer to re-send the corrected information, and (3) to have a rebuttal statement attached to the alleged erroneous information if the previous employer and you cannot agree on the accuracy of information provided.

In order to review previous employer provided information I must submit a written request to Anderson Western, Inc. as late as 30 days after being employed or being notified of denial of employment. Anderson Western, Inc. will provide this information to me within five business days of receiving my request. If Anderson Western, Inc. has not yet received the requested information from my previous employer(s), the five business day deadline will begin when Anderson Western, Inc. receives the requested information.

I understand that misrepresentation or omission of information or facts may result in a refusal to hire or dismissal if hired.

PLEASE LIST PREVIOUS EMPLOYERS FOR THE PAST 10 YEARS.
Add additional pages if necessary.

Previous Employer _____

Address _____

City, State & Zip Code _____

Telephone No. (_____) _____ Fax No. (_____) _____

Types of Motor Vehicle operated? _____

Position _____ Hourly wage _____

Dates of Employment (month/year) from ____/____/____ to ____/____/____

Types of Equipment operated? _____

Position _____ Hourly wage _____

Dates of Employment (month/year) from ____/____/____ to ____/____/____

Reason for Leaving _____

Were you subject to FMCSR's? _____ Was your job designated as a safety sensitive function? _____

(FMCSR = Federal Motor Carrier Safety Regulations)

Previous Employer _____

Address _____

City, State & Zip Code _____

Telephone No. (_____) _____ Fax No. (_____) _____

Types of Motor Vehicle operated? _____

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Dates of Employment (month/year) from ____/____/____ to ____/____/____

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MOTOR VEHICLE LAW VIOLATIONS or CONVICTIONS: Please provide a three (3) year history. Add additional pages if necessary. Check here if none. _____

1) Location _____ Date _____

Charge _____ Penalty _____

2) Location _____ Date _____

Charge _____ Penalty _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle or has any license, permit or privilege ever been suspended or revoked? _____

If you answer yes to the above question please explain.

I hereby certify that this application was completed by me and that all entries on it and information in it are true and complete.

Date _____ Applicant Signature _____