



APPLICATION FOR EMPLOYMENT

LIFESPAN TRANSPORTATION SERVICES
 12425 River Ridge Blvd #200
 Burnsville, MN 55337

An Equal Opportunity Employer/Affirmative Action Employer

Position(s) Applied For:		Date of Application: / /	
Name:			
Address: Last		First	Middle
Street		City	State Zip Code
Telephone #: () --		Mobile/Beeper/Other: () --	
Last 3 Years Addresses if different from above (This information is required by DOT):			
Prior Address:		City	State Zip Years?
Prior Address:		City	State Zip Years?
Prior Address:		City	State Zip Years?
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give dates and position(s) held:			
Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 21 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Federal Law requires a driver applicant be at least 21 years of age.</i>	
Date available for work: / /		Desired salary/wage range? \$	
Type of employment desired: <input type="checkbox"/> Fulltime Route Driver <input type="checkbox"/> Part-time Route Driver			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: Conviction does not automatically disqualify you from employment.			

EMPLOYMENT HISTORY – Begin with your present experience and work backward in order, listing all of your employers for the past ten (10) years. Indicate by circling Y for Yes or N for No in the area mark FMCSR, if you were subject to Federal Motor Carrier Safety Regulations, and again in the area marked Safety Sensitive if the job was Safety Sensitive and you were subject to Drug and Alcohol Testing.

Dates from : / / To: / /		Employers Name:	
Employers Address: (street, city, state, zip code)		Telephone #: () --	
Job Title(s) held:		Direct Supervisor & Title:	
Summary of work performed:			

Reason for leaving:		May we contact for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hourly/Salary Rate:	Start \$:	Per	Final \$:	Per	
FMCSR: Y N		SAFETY SENSITIVE: Y N			

Dates from : / / To: / /		Employers Name:			
Employers Address: (street, city, state, zip code)		Telephone #: () --			
Job Title(s) held:		Direct Supervisor & Title:			
Summary of work performed:					
Reason for leaving:		May we contact for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hourly/Salary Rate:	Start \$:	Per	Final \$:	Per	
FMCSR: Y N		SAFETY SENSITIVE: Y N			

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Hourly/Salary Rate:	Start \$:	Per	Final \$:	Per	
FMCSR: Y N		SAFETY SENSITIVE: Y N			

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Job Title(s) held:		Direct Supervisor & Title:	
Summary of work performed:			
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Hourly/Salary Rate:	Start \$:	Per	Final \$:
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Employers Address: (street, city, state, zip code)		Telephone #: () --	
Job Title(s) held:		Direct Supervisor & Title:	
Summary of work performed:			
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly/Salary Rate:	Start \$:	Per	Final \$:
FMCSR: Y N		SAFETY SENSITIVE: Y N	

SKILLS AND QUALIFICATIONS – Summarize any training skills, licenses and/or certificates that may qualify you as being able to perform the essential job-related functions of the position you are applying for:

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you graduate?	Course of Study
High School			
College			Major/Degree

Other			
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PROFESSIONAL LICENSES/CERTIFICATION: If the position you are applying for requires a license, certification, registration or similar credential complete the information below:

Credentialing Organization	Profession	Number/Expiration Date

PROFESSIONAL REFERENCES: Include only individuals familiar with your work ability. Do not include relatives or supervisors listed above.

Name	Telephone #	Number of years known
	() --	
	() --	
	() --	

Motor Vehicle Record Qualifications: (Information required to obtain an MVR)

List all driver license held in past five (5) years.

State	Type	License Number	Height	Weight	Exp. Date

Accident Record: List all accident involvements with any motor vehicle for the past five (5) years regardless of fault:

Date	Type of Vehicle	Nature of Accident

Traffic Convictions: List all traffic convictions and forfeitures for the past five (5) years. If none, write none:

Date	Location (State)	Violation

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	Yes _____	No _____
Has any license, permit or privilege ever been suspended or revoked?	Yes _____	No _____
Have you ever been convicted, or are any charges pending for reckless or careless operation of a motor vehicle?	Yes _____	No _____
Have you ever been discharged or suspended by an employer?	Yes _____	No _____
Have you failed a DOT mandated Drug or Alcohol Test?	Yes _____	No _____
If yes, to any of the above, please explain _____		

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I authorize Employer or its agent to investigate and obtain a current and up-t0-date motor vehicle record.

I acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employer’s evaluation procedures and authorize release of my results to employer and Employer’s unrestricted use of those results indicating whether I should be offered employment.

I acknowledge and agree that an express condition of my employment is that I stay drug free and promptly submit to random drug testing whenever requested by Employer.

I acknowledge and agree that evidence of drug use during my employment may be grounds for immediate termination without recourse.

Signature of Applicant: _____

Date: _____