



3225 Highway 22, Dickinson, ND 58601
hr@medoraco.com • 701-225-4495

APPLICATION FOR EMPLOYMENT

NAME _____
(Last, First, Middle Name)

ADDRESS _____
(Street) (City) (State & Zip Code)

Are you at least 18 years of age? ___ Yes ___ No
(Home Phone #/Cell Phone #)

Email _____ If hired, can you provide documentation that you are eligible to work in the United States? ___ Yes ___ No

GENERAL INFORMATION

POSITION APPLYING FOR: _____ DATE YOU CAN START: _____

What prompted you to apply at Medora Corporation? ___ Walk In ___ Job Service ___ Other ___ Referred By: _____

CHECK IF YOU ARE WILLING TO ACCEPT:

- Full Time Permanent
 Part Time Temporary/Seasonal

PLEASE FILL IN THE TIMES YOU ARE AVAILABLE FOR WORK EACH DAY:

Hours Available	Sun	Mon	Tues	Wed	Thu	Fri	Sat
From							
To							

EDUCATION/TRAINING

Circle the highest grade completed:

7 8 9 10 11 12 GED 13 14 15 16 17 18

Name of School	Course of Study	Degree, Certificate, Occupational License

Subjects of special study or research work:

Special Skills/abilities/certificates/license(s)/equipment/software operated:

List any other qualifications which should be considered:

Medora Transport Corporation is committed to being a Drug-Free workplace. A pre-employment hair follicle and urine drug test are required for all new hires.

Please complete Page 2 if applying for Medora Transport Corporation Install & Delivery Crew

*Social Security Number _____ *Date of Birth _____

*Required by Federal Motor Carrier Safety Regulations regulation FMCSA § 391.21 (2)

ADDRESS FOR PAST 3 YEARS	(Street) _____ (City) _____ (State & Zip Code) _____	HOW LONG? _____
	(Street) _____ (City) _____ (State & Zip Code) _____	HOW LONG? _____
(ATTACH SHEET IF MORE SPACE IS NEEDED)		

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT. ETC)	DATES FROM	TO	APPROX NO OF MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRLR				
TRACTOR-TWO TRLRS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

No Accidents in the past three years (Please initial in box)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

No Traffic Convictions or Forfeitures in the past three years (Please initial in box)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS BELOW

PREVIOUS EMPLOYMENT

PLEASE COMPLETE THE WORK HISTORY SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB
(Attach Sheet if More Space is Needed)

NOTE: DOT Requires that employment for at least 3 Years and/or Commercial Driving Experience for the Past 10 Years be shown.

ARE YOU PRESENTLY EMPLOYED?		YES	NO	If yes, may we contact your present employer?		YES	NO		
EMPLOYER NAME:		_____			PHONE: _____				
EMPLOYER ADDRESS:		_____			SUPERVISOR: _____				
CITY:		_____		STATE:	_____		ZIP: _____		
JOB TITLE: _____									
REASON FOR LEAVING: _____									
LIST SPECIFIC TASKS/DUTIES PERFORMED: _____									
MACHINES/EQUIPMENT/SOFTWARE USED: _____									
DATE STARTED:		DATE ENDED:		STARTING WAGE:		ENDING WAGE:			
_____		_____		\$ _____ PER _____		\$ _____ PER _____			
MONTH	YEAR	MONTH	YEAR						
Were you subject to Federal Motor Carrier Safety Regulations** while employed?						<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?						<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason?									
FROM: _____		TO: _____		_____					

EMPLOYER NAME:		_____			PHONE: _____				
EMPLOYER ADDRESS:		_____			SUPERVISOR: _____				
CITY:		_____		STATE:	_____		ZIP: _____		
JOB TITLE: _____									
REASON FOR LEAVING: _____									
LIST SPECIFIC TASKS/DUTIES PERFORMED: _____									
MACHINES/EQUIPMENT/SOFTWARE USED: _____									
DATE STARTED:		DATE ENDED:		STARTING WAGE:		ENDING WAGE:			
_____		_____		\$ _____ PER _____		\$ _____ PER _____			
MONTH	YEAR	MONTH	YEAR						
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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?						<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason?									
FROM: _____		TO: _____		_____					

* Any gaps in employment must be explained. (Unemployment, w. comp., school, etc)

** The Federal Motor Carrier Safety Regulation apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in quantity requiring placarding.

PREVIOUS EMPLOYMENT

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(Attach Sheet if More Space is Needed)

NOTE: DOT Requires that employment for at least 3 Years and/or Commercial Driving Experience for the Past 10 Years be shown.

EMPLOYER NAME: _____				PHONE: _____
EMPLOYER ADDRESS: _____				SUPERVISOR: _____
CITY: _____		STATE: _____		ZIP: _____
JOB TITLE: _____				
REASON FOR LEAVING: _____				
LIST SPECIFIC TASKS/DUTIES PERFORMED: _____				
MACHINES/EQUIPMENT/SOFTWARE USED: _____				
DATE STARTED:		DATE ENDED:		STARTING WAGE:
ENDING WAGE:				
\$ _____ PER _____		\$ _____ PER _____		
MONTH	YEAR	MONTH	YEAR	
Were you subject to Federal Motor Carrier Safety Regulations** while employed?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				<input type="checkbox"/> YES <input type="checkbox"/> NO
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason?				
FROM: _____		TO: _____		

EMPLOYER NAME: _____				PHONE: _____
EMPLOYER ADDRESS: _____				SUPERVISOR: _____
CITY: _____		STATE: _____		ZIP: _____
JOB TITLE: _____				
REASON FOR LEAVING: _____				
LIST SPECIFIC TASKS/DUTIES PERFORMED: _____				
MACHINES/EQUIPMENT/SOFTWARE USED: _____				
DATE STARTED:		DATE ENDED:		STARTING WAGE:
ENDING WAGE:				
\$ _____ PER _____		\$ _____ PER _____		
MONTH	YEAR	MONTH	YEAR	
Were you subject to Federal Motor Carrier Safety Regulations** while employed?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?				<input type="checkbox"/> YES <input type="checkbox"/> NO
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PLEASE SUMMARIZE ANY OTHER WORK HISTORY OR TRAINING YOU MAY HAVE:

REFERENCES

PLEASE LIST BELOW THREE INDIVIDUALS WHO ARE NOT RELATED TO YOU:

NAME:	ADDRESS:	PHONE:

Have you ever been convicted, plead "guilty", or "no contest" to a crime? Answering "yes" to the question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into consideration. Yes No

If yes, please provide offense and date _____

Do you have a valid driver's license? Yes No

If no, please explain _____

Are you currently on "layoff" status, subject to recall? Yes No

APPLICANT'S ACKNOWLEDGEMENT

This certifies that this 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 authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulation of the employer and any special agreements reached between the employer and me.

The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

By applying for this job, I consent to taking a pre-employment urine and hair follical drug test if I am offered employment with the company. This test is usually performed before or during the first 3 weeks of employment.

I also consent to the company performing a background check on me which may include a credit check, criminal background check, and/or motor vehicle driving record check.

I also consent to signing a separate release or consent form for the above items upon request by the company, and understand that the results of the drug test or background check(s) may cause any offer of employment to be rescinded, without liability to the company.

APPLICANTS SIGNATURE: _____

DATE: _____

Medora Corporation is an Equal Opportunity Employer, and selects the best applicant that meets the needs of the position, regardless of race, color, national origin, religion, sex, age, or other protected status under applicable federal or state laws.

NOTICE TO APPLICANT AFTER OCTOBER 29, 2004 YOU MUST BE NOTIFIED OF YOUR DUE PROCESS RIGHTS AS SPECIFIED IN FMCSR 391.23(i) (SEE BELOW):

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) 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;

(i)(1)(iii) 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)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes, These reports are required by Sections 382.413, 391.23. and 391.25 of the Federal Motor Carrier Safety Regulations.

THIS IS TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this 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.

APPLICANTS SIGNATURE: _____

DATE: _____

NOTE: ATTACH ADDITIONAL SHEETS IF SO NEEDED