

Agri Industries, Inc.

P.O. Box 1166 - Hwy 2 & 85 West

Williston, North Dakota 58801

(An Equal Opportunity Employer)

We are a drug free work place

CDL Driver's Employment Application

PERSONAL DATA

Today's Date _____

Name _____

Present Address _____

City _____

State _____

Zip _____

Phone _____

Message Phone _____

Job requires a current valid Driver's License:

Driver's License # _____

Issuing State _____

Do you have a CDL? No _____ Yes _____ License # _____ State _____

EMPLOYMENT DESIRED

Position _____

Date you can start _____

Salary Desired _____

Are you employed now? _____

If so may we inquire of your present employer? _____

Have you ever applied to this company before? _____

When? _____

Referred By _____

Have you ever been convicted of a felony? _____

EDUCATION

CIRCLE HIGHEST SCHOOL GRADE COMPLETED

8 9 10 11 12

Associates Bachelors Masters Doctorate

Name of school beyond High School _____

Training Length _____

Date Completed _____

Are you a Veteran of Military Service () YES () NO

WORK EXPERIENCE (List below former employers, starting with the last one first.)

<u>Company Name</u>	<u>Address</u>
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Job Description (duties, skills, equipment used)

Dates of employment: start / / end / /	Starting Wage
Reason for leaving	Ending Wage

<u>Company Name</u>	<u>Address</u>
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Reason for leaving	Ending Wage

List all employers during the last 10 years where you had a CDL permit or license in use:

According to FMCSA regulations we are required to verify driving and drug, alcohol history with previous employers. You will have opportunity, if you desire, to review this report and correct any misinformation provided by any previous employer.

Employer	Address	Phone Number
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Employer	Address	Phone Number
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Employer	Address	Phone Number
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Employer	Address	Phone Number
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Employer	Address	Phone Number
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Employer	Address	Phone Number
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(If more space is needed please use back side)

Have you ever had a CDL permit or license denied, revoked or suspended? _____ If Yes please explain below in detail:

Have you ever refused to take or failed a drug test in the past 3 years? _____ If so please explain below:

List any traffic violations or accidents you have been involved in during the past 3 years, if none please state NONE: _____

Applicant's Full Name:

First Middle Last

Birth Date: Month, date & year: _____

Applicant's Personal Addresses for the Last Three Years: (List most current address first)

1. _____
House or Apt. # Street Address City State Zip Code

Dates you resided there: From _____ to _____

2. _____
House or Apt. # Street Address City State Zip Code

Dates you resided there: From _____ to _____

3. _____
House or Apt. # Street Address City State Zip Code

Dates you resided there: From _____ to _____

4. _____
House or Apt. # Street Address City State Zip Code

Dates you resided there: From _____ to _____

5. _____
House or Apt. # Street Address City State Zip Code

Dates you resided there: From _____ to _____

6. _____
House or Apt. # Street Address City State Zip Code

Dates you resided there: From _____ to _____

ADDITIONAL INFORMATION

Volunteer Work

Summary of work experience, or additional information (Such as special skills, licenses, etc.)

References (names of persons not related to you):

Name	Address	Phone #
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1.

2.

3.

In Case of Emergency Notify:

Name	Address	Phone #
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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 understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: / /

Signature:

DO NOT WRITE BELOW THIS LINE

Interviewed By

Date

Remarks:

Neatness

Ability

Hired: Yes No

Position

Division

Salary/Wage

Date Reporting to Work
