

JOB APPLICATION(non-driver)



Caledonia, MN

**420 W.Lincoln St.
PO Box 31
Caledonia, MN 55921
Ph: 507-725-9000
Fax: 507-725-9018**

In Compliance with Federal and State equal employment, opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

Answer all questions- Please Print

Date of Application _____

Position Applied For _____

Full Time or Part Time (circle one)

NAME _____ Phone _____

Current Address _____

City, State, Zip _____

Previous Address, city, state ,zip _____

Date of Birth _____ Social Security No _____

Driver's License Information: State _____ License # _____

Class _____ Endorsements _____ Expiration _____

In Case of emergency: Whom do we contact?

Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

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Do you have the legal right to work in the United States? _____

Have you worked for Caledonia Haulers before? _____ When? _____

Reason for leaving? _____

Are you Employed now? _____ If not, how long since your last employment? _____

How did you hear about this job? _____ Rate of Pay expected? _____

Have you ever been convicted of any other violations including moving traffic violations? _____

If yes, Description of offence _____

Date _____ State, county, City of violation _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description) ? _____

If yes, Please explain _____

EDUCATION

HIGHEST LEVEL COMPLETED _____

LAST SCHOOL ATTENDED _____ CITY,STATE _____

SPECIAL TRAINING

LIST ANY SPECIAL TRAINING ,COURSES,CERTIFICATION OR SKILLS

_____ When? _____

_____ When? _____

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EMPLOYMENT HISTORY

EMPLOYER NAME _____ JOB TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
REASON FOR LEAVING _____ SALARY/WAGE _____
DATES OF EMPLOYMENT: FROM _____ TO _____
CAN WE CONTACT THEM? _____ CONTACT _____ PHONE _____

EMPLOYER NAME _____ JOB TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
REASON FOR LEAVING _____ SALARY/WAGE _____
DATES OF EMPLOYMENT: FROM _____ TO _____
CAN WE CONTACT THEM? _____ CONTACT _____ PHONE _____

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REFERENCES

Business

NAME _____ PHONE _____

COMPANY _____ POSITION _____

ADDRESS _____

CITY,STATE,ZIP _____ How long have you known? _____

NAME _____ PHONE _____

COMPANY _____ POSITION _____

ADDRESS _____

CITY,STATE,ZIP _____ How long have you known? _____

Personal

NAME _____ PHONE _____

ADDRESS _____

CITY,STATE,ZIP _____ How long have you known? _____

NAME _____ PHONE _____

ADDRESS _____

CITY,STATE,ZIP _____ How long have you known? _____

Caledonia Haulers, Inc., Is an equal opportunity employer.

This certifies that I, personally, accurately and truthfully completed this application. I understand that any omission or misrepresentation is "falsification" and may result in refusal of or separation from employment. I hereby authorize Caledonia Haulers, Inc., to make a complete investigation of my background including but not limited to: contacting references, current and past employers, and USIS services to confirm information I provided but not limited to information required by 391.23 of the Motor Carrier Safety Regulations and investigate previous employer Alcohol & Controlled Substance Testing in accordance with Section 382.405 (F&H) and Section 382.413(A thru G) of the Code of Federal Regulations and hold previous employers harmless of all liability from release of said information. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

Applicant Signature _____ Date _____



18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with Caledonia Haulers, at 420 W. Lincoln St. Caledonia, MN 55921,

I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:	First:	Middle: Please check box if you do not have a middle name. <input type="checkbox"/>
Social Security #:		Date of Birth:
Email: (This is a required Field)		
Current Address:		Previous Address:
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	Zip:
City:	State:	Zip:
Drivers Lic. #:		State Issuing:
Former Name/Alias:		

X _____
Applicant Signature

Date: _____