



**Dahlsten Truck Line, Inc.**

P.O. Box 95  
Clay Center, NE 68933  
Toll-free: 800-775-2755  
Fax: 402-762-3812

Dahlsten Truck Line, Inc. is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status, or disability in accordance with applicable laws.

Please complete this application in its entirety, in your own handwriting and in ink. We ask that you complete all questions asked, even if including a resume. Please do not write 'see resume' in any section. If you do not have enough space to complete a question, please attach an additional sheet of paper. Incomplete applications may not be considered. Please PRINT, with the exception for your signature at the end of the application.

Today's Date: \_\_\_\_\_

Please check the position in which you are interested:

Solo Driver     Team Driver     Student Driver     Independent Contractor

When can you start work? \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s) with area code: \_\_\_\_\_

Should we be unable to reach you, please provide an alternate phone number and/or address where we may contact you: \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ (Phone): \_\_\_\_\_

(Address): \_\_\_\_\_

**GENERAL QUESTIONS**

Have you ever been convicted of a felony?  Yes  No If yes, please explain, including the offense, date, court location, and disposition: \_\_\_\_\_

**GENERAL QUESTIONS CONTINUED:**

Have you ever been convicted of DWI, DUI, careless or reckless driving, 15 MPH over posted speed limit, leaving the scene of accident, or using commercial vehicle in commission of a felony?  Yes  No if yes, please explain, including the date of the conviction(s): \_\_\_\_\_

\_\_\_\_\_

Has your license or privileges to drive ever been suspended or revoked for any Reason?  Yes  No if yes, please explain, including the date: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any misdemeanor other than a traffic violation?  Yes  No if yes, please explain, including the date of conviction: \_\_\_\_\_

\_\_\_\_\_

List all drivers licenses that you presently hold or have held in the previous 3 years:

License #:	Expiration Date:	State:	Endorsements:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ALCOHOL AND CONTROLLED SUBSTANCES TESTING:**

Have you had an alcohol test with a breath alcohol concentration of .04 or greater in the last two years?  Yes  No

Have you tested positive for a controlled substance in the last two years?  Yes  No

Have you ever refused a required test for drugs or alcohol in the last two years?  Yes  No

If you answered yes to any of the above questions, please give the substance abuse professional's name, address, and phone number for further reference:

\_\_\_\_\_

\*Disclosure of this information does not necessarily disqualify you from consideration

**EDUCATION, TRAINING, and SKILLS**

Type of School	Name and Location	Major (if applicable)	Type of Degree	Did you graduate?
High/Prep or GED				
Business or Technical School				
College				
Special Training Courses				

List any special skills that you may have that would be beneficial to the position in which you are applying? (Optional) \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:**

Account for all jobs held beginning with your present or most recent employer. Account for all periods of time including part-time, summer, military service (show rank and date of discharge), temporary, and unemployment. If self-employed, give business name and supply business references. Omissions may disqualify you from further consideration for employment, and may justify your dismissal if discovered at a later date. Please list in consecutive order. Please do not write, "see resume." All information must be supplied on this request for the previous 10 years of Employment. Please attach an additional sheet if you do not have enough room to complete this.

**CURRENT OR MOST RECENT EMPLOYER**

Dates of Employment (Month/Year): \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

**NEXT MOST RECENT EMPLOYER INFORMATION**

Dates of Employment (Month/Year): \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_

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Dates of Employment (Month/Year): \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_

**NEXT MOST RECENT EMPLOYER INFORMATION**

Dates of Employment (Month/Year): \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_  
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 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Position(s) Held: \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

**\* Attach additional sheets of paper to complete your employment history if necessary.**

**DRIVING EXPERIENCE / ACCIDENTS / VIOLATIONS**

	Type of Equipment	Length of Experience	Approximate # of Miles
Straight Truck			
Tractor & Semi Trailer			

What states have you driven in regularly?

What safe driving awards do you hold?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List and explain in detail giving dates and locations of all accidents that you have been involved in during the past five years, in any type of vehicle and regardless of whether chargeable or Non-chargeable. If you have had no accidents in the past five years, write "none". FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN DISQUALIFICATION.



## **DISCLOSURE AND RELEASE**

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In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following type of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period proceeding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain in file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

**X**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date