



Dahlsten Truck Lines, Inc.

P.O. Box 95
Clay Center, NE 68933

Phone: 800-228-4313

Fax: 402-762-3592

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. We ask that you complete all questions asked, even if you are including a resume. Do not put "see resume" in any section. Incomplete applications may not be considered. Please draw your signature at the end of the application.

Today's Date

Job Applying For

Solo Driver Team Driver Student Driver

When can you start work?

Personal Information

Last Name

First Name

Middle Name

Social Security #

Date of Birth

Phone #

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

Address

Phone #

General Information

Have you ever been convicted of a felony?

Yes No

If yes, please explain, including the offense, date, court location, and disposition.

Have you ever been convicted of DWI, DUI, careless or reckless driving, 15 MPH over posted speed limit, leaving accident scene, or using commercial vehicle in commission of a felony?

Yes No

Date

Has your license or privileges to drive ever been suspended or revoked for any reason?

Yes No

Date

Have you ever been convicted of any misdemeanor other than a traffic violation?

Yes No

Date

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

License #

Expiration Date

State

Endorsements

Alcohol And Controlled Substances Testing

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

Yes No

Have you tested positive for a controlled substance in the last two years?

Yes No

Alcohol And Controlled Substances Testing Continued

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 sname, 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 School or GED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business or Technical School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Training Courses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List any special skills that you may have that would be beneficial to the position in which you are applying?

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, temporary, unemployment, and military service (show rank and date of discharge). 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 type 'see resume.' All information must be supplied on this request for the past 10 years of employment.

Current or Most Recent Employer Information

Dates of Employment (Month/Year)

Company Name

Company Address

Supervisor's Name	<input type="text"/>	
Company Phone w/area code	<input type="text"/>	
Starting Salary	<input type="text"/>	Per <input type="text"/>
Final Salary	<input type="text"/>	Per <input type="text"/>
Reason for Leaving	<input type="text"/>	
Position(s) Held	<input type="text"/>	
Duties Performed	<input type="text"/>	

Next Most Recent Employer Information

Dates of Employment (Month/Year)	<input type="text"/>	
Company Name	<input type="text"/>	
Company Address	<input type="text"/>	
Supervisor's Name	<input type="text"/>	
Company Phone w/area code	<input type="text"/>	
Starting Salary	<input type="text"/>	Per <input type="text"/>
Final Salary	<input type="text"/>	Per <input type="text"/>
Reason for Leaving	<input type="text"/>	
Position(s) Held	<input type="text"/>	
Duties Performed	<input type="text"/>	

Next Most Recent Employer Information Continued

Duties Performed	<input type="text"/>	
<h3>Next Most Recent Employer Information</h3>		
Dates of Employment (Month/Year)	<input type="text"/>	
Company Name	<input type="text"/>	

Company Address	<input type="text"/>	
Supervisor's Name	<input type="text"/>	
Company Phone w/area code	<input type="text"/>	
Starting Salary	<input type="text"/>	Per <input type="text"/>
Final Salary	<input type="text"/>	Per <input type="text"/>
Reason for Leaving	<input type="text"/>	
Position(s) Held	<input type="text"/>	
Duties Performed	<input type="text"/>	

Next Most Recent Employer Information

Dates of Employment (Month/Year)	<input type="text"/>	
Company Name	<input type="text"/>	
Company Address	<input type="text"/>	
Supervisor's Name	<input type="text"/>	
Company Phone w/area code	<input type="text"/>	
Starting Salary	<input type="text"/>	Per <input type="text"/>
Final Salary	<input type="text"/>	Per <input type="text"/>
Reason for Leaving	<input type="text"/>	
Position(s) Held	<input type="text"/>	
Duties Performed	<input type="text"/>	

Driving Experience / Accidents / Violations

	Type of Equipment	Length of Experience	Approximate # of Miles
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Type of Equipment	Length of Experience	Approximate # of Miles

Tractor & Semi Trailer

Three empty rectangular input boxes for vehicle information.

In what states have you driven regularly?

Large empty rectangular input box for listing states.

What awards do you hold for safe driving?

Large empty rectangular input box for listing awards.

List and explain in detail giving dates and location 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 nonchargeable. If you have had no accidents in the past five years, write NONE. FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION.

Date	Type Vehicle	Whose Fault?	Fatalities? Yes or No	\$ Amount of all damages
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Driving Experience / Accidents / Violations Continued

I certify the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral in the past five years. If you have had no traffic violations in the past five years, write NONE. FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN DISQUALIFICATION

Date	Traffic Conviction(s)	City	State	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Files

Extended answers, a resume or cover letter can be sent to dfelharty@dahlsten.com.

Agree, Read, and Signed by the Applicant

I agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

I agreed and understood that Dahlsten Truck Line, Inc. or its agents may investigate the applicants background to ascertain any and

all information of concern to the applicants record, whether same is of record or not, and applicant releases employers and persons said herein from all liability for any damages on account of his furnishing such information.

I also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508. I have been told that this investigation may include an Investigating Consumer Report, including such information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment.

I agreed and understood that this application in no way obligates Dahlsten Truck Lines, Inc. to employ the applicant.

I agreed and understood that if qualified, the driver may be on a probation period during which time he/she may be disqualified without recourse.

I certify that this application was completed by me, and that all entries in it are true and complete to the best of my knowledge

Date

Print Name _____

Signature _____

Disclosure and Release

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 HireRight 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 HireRight 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 HireRight To Furnish The Above-mentioned Information.

I have the right to make a request to HireRight, 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 HireRight has previously furnished within the two year period proceeding my request. I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains, and my employment history with you if I am hired, will be supplied by HireRight to other companies which subscribe to HireRight 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 No.

Date

Signature
