# **OMI DIVERSIFIED COMMERCIAL DRIVER APPLICATION**

Please return application to:

# Email: contact@omidiversified.com Fax: 320-393-3948 Mail: 11000 Highway 10 NW, Lot 84, Rice, MN 56367

### **APPLICANT INFORMATION**

DATE		Position applying for:	Full-time Driver	r Part-time Driver
NAME				
PHONE (	)	EMERGEN	<b>ICY PHONE</b> (	)
AGE	<b>D</b> A'	TE OF BIRTH	SS#_	
DL#				
(The Age Discrimin but less than 70 year		nt Act of 1967 prohibits discrimination of	ı the basis of age with respe	ct to individuals who are at least 40?
PHYSICAL EX.	AM EXPIRATI	ON DATE		
CURRENT & P	REVIOUS THR	REE YEARS ADDRESSES:		
			ROM	TO
				TO
		FF	ROM	TO
	s: From ng?	HIS COMPANY BEFORE? To 7:		
Please circle the		Grade school: 1 2	3 4 5 6 7 8 9 10 1	
		College: 1 2 3 4	Post Graduate: 1	2 3 4
		EMPLOYMENT H	IISTORY:	
		of all employment for the past three nmercial driving experience for the		any unemployment or self
Mo/Yr	Mo/Yr	Present or Last Employer		
From	To	Name		
Position Held		Address		
Reason for leavi	ng		Company phone	e ( )
	signated as a sam	As while employed here?	T- regulated mode subj	
Mo/Yr From		Present or Last Employer Name		
Position Held		Address		
Reason for leaving		s while employed here?	Company phone Yes	e ( ) No
were you subled			102	INU

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?

Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held_		Address	
Reason for leav	ving		Company phone ( )
Was your job d	lesignated as a sat	as while employed here?	- regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held_		Address	
Reason for leav	ving		Company phone ( )
Was your job d	lesignated as a sat		YesNo - regulated mode subject to the drug and alcohol No
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held_		Address	
Reason for leav	ving		Company phone ( )
Was your job d	lesignated as a sat	as while employed here?	- regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held_		Address	
Reason for leav	ving		Company phone ( )
Was your job d	lesignated as a sat	as while employed here?	- regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held_		Address	
Reason for leav	ving		Company phone ( )
Was your job d testing requirer	lesignated as a sat ments of 49 CFR	As while employed here?	- regulated mode subject to the drug and alcohol

## DRIVING EXPERIENCE

Class of Equipment	From	То	Approximate Number of Miles
Straight Truck			
Tractor & Semi- trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years:\_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC)\_\_\_\_\_

List any Safe Driving Awards you hold and from whom:\_\_\_\_\_

#### Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

#### Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

#### **Driver's License (list each driver's license held in the past three(3) years:**

State	License	Туре	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Has any license, permit or privilege ever been suspended or revoked?	Yes Yes	No No
Is there any reason you might be unable to perform the functions of the job for which y the job description)?	you have applied (as Yes	described inNo
Have you ever been convicted of a felony? If the answers to any questions listed above are "yes", give details	Yes	No

#### **Job References**

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

## To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is 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 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 application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature\_\_\_\_\_

Date

**Remarks: (For office use only)**