



3424 N. Service Drive · Red Wing, MN 55066

Employment Application

An Equal Opportunity Employer

Siewert's Garage, Inc./Siewert's Towing, Inc. is an Equal Opportunity Employer. Siewert's Garage, Inc./Siewert's Towing, Inc. does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodations in the application and/or interview process should notify a representative of the organization.

Applicant Information

Full Name _____

First

Middle

Last

Current Address _____

Number & Street

City

Zip Code

Home Phone Number _____ Cell Phone Number _____

Email Address _____

How were you referred to Siewert's? _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Temporary Work – such as summer, holiday or winter? YES NO
- Regular part-time work? YES NO
- Regular full-time work? YES NO

What days and hours are you available for work? _____

If hired, on what date can you start working? _____ / _____ / _____

Can you work on the weekend? YES NO

Can you work evenings? YES NO

Are you available to work overtime? YES NO

Salary Desired \$ _____

Personal Information

If hired, would you have transportation to/from work? YES NO

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age) YES NO

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? YES NO

If hired, are you willing to submit to and pass a controlled substance test? YES NO

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? YES NO

If no, describe the functions that cannot be performed: _____

(Note: Siewert's complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Personal Information

| School Level | Name/Location | Years Completed | Degree/Major | Did you Graduate? |
|--------------------|---------------|-----------------|--------------|-------------------|
| High School | | | | |
| College/University | | | | |
| Trade/Technical | | | | |
| Other | | | | |

Military Information

Branch: _____ Rank in Military: _____

Total years of service: _____ Skills/Duties: _____

Related details: _____

Employment History

Are you currently employed? YES NO

If you are currently employed, may we contact your current employer? YES NO

Below, please describe past and present employment positions, dating back five (5) years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

If you are **applying for a driver position**, DOT requires that you show employment for at least three (3) years and commercial driving experience for the past ten (10) years.

Employer Name: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____ City, State, Zip: _____

Length of Employment (Include dates): _____

Position & Duties: _____

Reason for leaving: _____

May we contact this employer for references? YES NO

Employer Name: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____ City, State, Zip: _____

Length of Employment (Include dates): _____

Position & Duties: _____

Reason for leaving: _____

May we contact this employer for references? YES NO

Employer Name: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____ City, State, Zip: _____

Length of Employment (Include dates): _____

Position & Duties: _____

Reason for leaving: _____

May we contact this employer for references? YES NO

If there has been a gap in employment of more than 6 months, please provide details below

(Attach sheet if more space is needed)

References

List below three (3) persons who have knowledge of your work performance within the last four (4) years. Please include professional references only.

Name – First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name – First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name – First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Authorization

Please read and initial each paragraph, then sign below.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection or an application or, if I am employed by Siewert's Garage, Inc. and/or Siewert's Towing, Inc., terms for my immediate expulsion from either employer.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Siewert's Garage, Inc. and/or Siewert's Towing, Inc.

I permit Siewert's Garage, Inc. and/or Siewert's Towing, Inc. to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Siewert's Garage, Inc. and/or Siewert's Towing, Inc., my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ **Date:** _____

****Driver Applicants ONLY****

| Driver Licenses | State | License # | Type | Expiration Date |
|-----------------|-------|-----------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Driving Experience

| Equipment Class | Type of Equipment (Van, Flat, Tank, Etc.) | Dates | | Approximate # of Miles Driven |
|------------------------------|-------------------------------------------------|-------|-----|----------------------------------|
| | | From: | To: | |
| Straight Truck | | | | |
| Tractor/Trailer | | | | |
| Tractor/Trailer w/Doubles | | | | |
| Other | | | | |

Accident Record – Past 3 years or more (attach sheet if more space is needed)

| Dates | Nature of Accident | # Fatalities | # Injuries |
|---------------|--------------------|--------------|------------|
| Last Accident | | | |
| Next Previous | | | |
| Next Previous | | | |
| | | | |

Traffic Convictions & Forfeitures for the past three (3) years – other than parking violations

| Location | Date | Charges | Penalty |
|----------|------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, please give details: _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you unsuccessfully applied for safety sensitive transportation work covered by DOT drug and alcohol testing rules during the last 2 years? YES NO

If you answered yes, can you provide proof that you've successfully completed the DOT return-to-duty requirements? YES NO

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by DOT regulations. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicants Signature: _____ **Date:** _____

