



GENERAL PET SUPPLY, INC.
12155 Nicollet Avenue
Burnsville, MN 55337

DRIVER APPLICATION

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.

NAME (First) (MI) (Last) SOCIAL SECURITY #:

POSITION APPLYING FOR: DATE:

PHONE NUMBER ( ) ARE YOU OVER THE AGE OF 18 YEARS? YES NO

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS

CURRENT ADDRESS (Street) (City) (State & Zip) How Long? From / To (mo. /yr.) (mo. /yr.)

PREVIOUS ADDRESSES (Street) (City) (State & Zip) How Long? From / To (mo. /yr.) (mo. /yr.)

(Street) (City) (State & Zip) How Long? From / To (mo. /yr.) (mo. /yr.)

(Street) (City) (State & Zip) How Long? From / To (mo. /yr.) (mo. /yr.)

ARE YOU WILLING TO ACCEPT: FULL-TIME PART-TIME SEASONAL TEMPORARY

WAGES EXPECTED \$ HOURS WILLING/ABLE TO WORK (TIMES):

WILLING/ABLE TO WORK OVERTIME? YES NO DATE AVAILABLE TO BEGIN WORK:

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE U.S.? YES NO (PROOF IS REQUIRED)

DATE OF BIRTH / / CAN YOU PROVIDE PROOF OF AGE? (THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH (391.21 (b) (2)).

LIST SKILLS OR QUALIFICATIONS YOU HAVE TO OFFER THIS COMPANY

HAVE YOU EVER BEEN EMPLOYED HERE? IF YES, WHEN?

ANY RELATIVES OR FRIENDS IN OUR EMPLOY? IF YES, WHO?

HAVE YOU APPLIED HERE BEFORE? IF YES, WHEN?

HOW WERE YOU REFERRED TO THIS COMPANY/POSTION?

## WORK EXPERIENCE

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in interstate or interstate commerce shall also provide an **additional 7 years**† information on those employers for whom the applicant operated such vehicle. List most recent employers first. Add an additional sheet if necessary.

1. COMPANY \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WAGE: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_  
(Street) (City) (State & Zip)  
DATES EMPLOYED: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_  
(mo. /yr.) (mo. /yr.) (Name and Title)  
JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?  YES  NO

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?  YES  NO

2. COMPANY \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WAGE: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_  
(Street) (City) (State & Zip)  
DATES EMPLOYED: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_  
(mo. /yr.) (mo. /yr.) (Name and Title)  
JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?  YES  NO

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?  YES  NO

3. COMPANY \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WAGE: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_  
(Street) (City) (State & Zip)  
DATES EMPLOYED: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_  
(mo. /yr.) (mo. /yr.) (Name and Title)  
JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?  YES  NO

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?  YES  NO

4. COMPANY \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WAGE: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_  
(Street) (City) (State & Zip)  
DATES EMPLOYED: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_  
(mo. /yr.) (mo. /yr.) (Name and Title)  
JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?  YES  NO

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?  YES  NO

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity regarding placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR or 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EXPLAIN ALL GAPS IN YOUR WORK HISTORY (to account for the last 10 years)**

DATES	REASON

**EDUCATIONAL BACKGROUND**

TYPE OF SCHOOL	NAME, CITY & STATE	GRADUATED	MAJOR
ELEMENTARY		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED/HSED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/TRADE		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LICENSES**

All Drivers Licenses and permits held in the past 3 years must be listed.	STATE	LICENSE #	CLASS	ENDORSEMENTS	EXPIRATION DATE

- Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO
- Has any license, permit, privilege ever been suspended or revoked?  YES  NO
- Have you ever been disqualified for violations of the motor carrier safety regulations?  YES  NO

If you answered yes to 1, 2, or 3 explain: \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE**

(Check 'yes' or 'no' to each class of equipment)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROXIMATE # OF TOTAL MILES
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor - Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor - Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Motor Coach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	-	/	/	
Motor Coach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	-	/	/	
Other _____		/	/	

LIST STATES OPERATED IN DURING THE LAST 5 YEARS \_\_\_\_\_  
 \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DELIVERY DRIVER \_\_\_\_\_  
 \_\_\_\_\_

LIST SAFE DRIVING AWARDS HELD AND FROM WHO \_\_\_\_\_  
 \_\_\_\_\_

**ACCIDENT REVIEW FOR THE LAST 5 YEARS**

(Attach a separate piece of paper if necessary)

IF NONE; CHECK THIS BOX

DATE	NATURE OF ACCIDENT (head-on, rear-end-overturn, etc)	FATALITIES?	INJURIES?	CONVICTION/ CITATION?

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS**

(Other than parking violations)

IF NONE; CHECK THIS BOX

LOCATION (City and State)	DATE	CHARGE	PENALTY

**DRUG AND ALCOHOL TESTING INFORMATION**

HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE FOR A DOT MANDATED TEST?  YES  NO

HAVE YOU EVER HAD AN ALCOHOL TEST WITH A BAC OF 0.02 OR GREATER?  YES  NO

HAVE YOU EVER REFUSED A DOT REQUIRED TEST FOR DRUGS/ALCOHOL IN THE LAST THREE YEARS?  YES  NO

If any of the above questions were answered YES, please provide your SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: \_\_\_\_\_ Company \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Street: \_\_\_\_\_  
(City) (State) (Zip)

**REFERENCES**

(Professional References Preferred)

NAME	PHONE NUMBER	RELATIONSHIP
	( )	
	( )	
	( )	

**TO BE READ AND SIGNED BY APPLICANT**

(1) I understand that false or misleading information given in my application or interview(s) may be considered sufficient cause for dismissal. (2) The use of this application does not indicate that there are any positions open and does not in any way obligate General Pet Supply. (3) I understand that General Pet Supply, as a prospective employer, is required by the DOT to make queries regarding driving information, accident information, and previous drug screening information. (4) I authorize General Pet Supply's insurance agent, or other third party, to obtain a copy of my motor vehicle report, which will be used as part of the application process. (5) I authorize General Pet Supply to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries to medical history will be made only if and after a conditional offer of employment has been extended.) (6) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. (7) I understand, also, that I am required to abide by all rules and regulations of General Pet Supply, Inc.

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.

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 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR COMPANY USE ONLY:**

Hire Date \_\_\_\_\_ Start Date \_\_\_\_\_