



Please note that we E-Verify



STERNDAHL ENTERPRISES, INC.

APPLICATION FOR EMPLOYMENT



This is an important document. **Answer each item completely.** *Failure to do so may result in you not being considered for the position.*

Name: _____ **Date:** _____

I have attached a copy of my DMV print out with my completed application. **Yes** _____ **No** _____

For Office Use ONLY

Date of Hire: _____ **Position:** _____ **Rate of Pay:** _____



An Equal Employment/Affirmative Action Employer

Essential Employment Requirements and Functions

- Must have clean DMV driving record or be accepted by Company Insurance Policy Provider to drive Sterndahl Enterprises, Inc. vehicles.
- Must submit DMV print out with completed application.
- Must pass a drug test and be willing to take random drug test when required.
- Must have own transportation to and from work.
- Must have a telephone.
- Must speak and understand English for Safety reasons.
- Must be able to read and write.
- Must get along with co-workers.
- Must cooperate with co-workers.
- Must respond politely to customers and contractors.
- Must work as a team player.
- Must be able to think quickly and act appropriately in emergency situations.
- Must be able to function under intense time pressure.
- Must be able to continue to perform well under pressure.
- Must be able to accept change.
- Must contribute to a healthy, positive environment.
- Must accept any other work related, relevant duties as assigned.

I have read and understand the above contents. *I realize that at any time during my employment with Sterndahl Enterprises, Inc., if any of the above requirements or functions are not met, it could result in the end of my employment relationship with Sterndahl Enterprises, Inc.*

Date: _____

(Signature)



Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File. **YOUR COOPERATION IS VOLUNTARY.**

(Please Print)

Date: _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE: _____ Advertisement _____ Friend _____ Relative _____ Walk-in _____ Employment Agency
_____ Union _____ Other: _____

NAME: _____ PHONE: (____) _____
Last First Middle

ADDRESS: _____
Number Street City State Zip Code

VOLUNTARY SURVEY

Government agencies at times require periodic reports on sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

CHECK ONE: _____ Male _____ Female

CHECK ONE OF THE FOLLOWING

RACE/ETHNIC GROUPS: _____ White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

CHECK IF ANY OF THE FOLLOWING

ARE APPLICABLE:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual



Personal Information

Name _____ Social Sec. No. _____

List all other names by which you have ever been known: _____

Present Address _____
Street

_____ City/State/Zip

Phone Number _____

Are you 18 years or older? Yes _____ No _____

Can you provide proof of authorization to work in the United States? _____

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Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you available to work: Full Time? _____ Part-Time? _____

Are you employed now? Yes _____ No _____ If so, may we inquire with present employer? _____

Have you applied to Sterndahl Enterprises, Inc. before? _____ When? _____

Have you ever worked for Sterndahl Enterprises, Inc. before? _____

If so, was your termination: _____ Voluntary? _____ Involuntary?

Exact reason (s) for leaving? _____

Name of last supervisor _____



Former Employers (LIST LAST 5 EMPLOYERS, STARTING WITH MOST RECENT)

1. Name and address of present or last employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Hour/Month Starting Salary _____ Hour/Month Final Salary _____

Job Title _____ May we contact your supervisor? _____

Name and phone number of supervisor? _____

Description of work. _____

Was termination voluntary or involuntary? _____

Exact reason (s) for leaving. _____

2. Name and address of former employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Hour/Month Starting Salary _____ Hour/Month Final Salary _____

Job Title _____ May we contact your supervisor? _____

Name and phone number of supervisor? _____

Description of work. _____

Was termination voluntary or involuntary? _____

Exact reason (s) for leaving. _____



3. Name and address of former employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Hour/Month Starting Salary _____ Hour/Month Final Salary _____

Job Title _____ May we contact your supervisor? _____

Name and phone number of supervisor? _____

Description of work. _____

Was termination voluntary or involuntary? _____

Exact reason (s) for leaving. _____

4. Name and address of former employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Hour/Month Starting Salary _____ Hour/Month Final Salary _____

Job Title _____ May we contact your supervisor? _____

Name and phone number of supervisor? _____

Description of work. _____

Was termination voluntary or involuntary? _____

Exact reason (s) for leaving. _____



5. Name and address of former employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Hour/Month Starting Salary _____ Hour/Month Final Salary _____

Job Title _____ May we contact your supervisor? _____

Name and phone number of supervisor? _____

Description of work. _____

Was termination voluntary or involuntary? _____

Exact reason (s) for leaving. _____



Unemployment History

Please account for any time you were not employed in the last 10 years, after leaving school (you need not list any periods of one month or less).

TIME PERIOD

REASON (S) UNEMPLOYED



Education

<u>SCHOOL LEVEL</u>	<u>Name and location of school (s)</u>	<u>No. of years attended</u>	<u>Did you graduate?</u>	<u>MJR/MNR studied</u>
High School (s)	_____			
College (s)	_____			
Trade, Business or Corresp. School (s)	_____			

Miscellaneous

Subjects of special study or research work _____

Special training _____

Special skills _____

Do you have any commitments to another entity, business or person that might affect your employment with our company? Yes_____ No_____

Explain fully. _____

Physical or Mental Limitations

Are you able to perform the essential functions of the job for which you are applying?

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



Do you have any physical or mental limitation or condition that may, when performing your duties, endanger fellow employees' or your health or safety?

Yes_____ No_____ If yes, describe fully._____

Do you take any drug or alcohol (whether prescribed or not) which may affect your fitness to perform your duties or which may endanger fellow employees' or your health or safety?

Yes_____ No_____ If yes, describe fully._____

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CRIMINAL MATTERS

Have you ever been convicted of a crime? Yes_____ No_____

Did the conviction result in imprisonment? Yes_____ No_____

Explain fully. (A conviction will not necessarily disqualify an applicant.)_____

Are you currently charged with an unresolved criminal charge (a charge which has not yet resulted in a plea, trial or a dropping of the charge, or for which you are out on bail or on your own recognizance pending trial)?

Yes_____ No_____

If yes, explain fully. (A charge will not necessarily disqualify an applicant.)_____



SERVICE RECORD

U.S. Military or Naval service _____ Rank _____

Present membership in National Guard or Reserves _____ Date obligation ends? _____

Relevant skills acquired during military service _____



REFERENCES: Give the names of three persons not related to you whom you have known at least one year.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>YEARS ACQUAINTED</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



AUTHORIZATION

IMPORTANT: Please read carefully and initial each paragraph before signing.

“I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.”

_____ INITIALS

“I agree to immediately notify the company if I should be convicted of any crime while my job application is pending or during my period of employment, if hired.”

_____ INITIALS



“I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I further authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that the company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, driving record, credit history and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the federal fair credit-reporting act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address for the consumer reporting agency to obtain a complete disclosure of the nature and scope of the investigation.”

_____INITIALS

“I authorize any person, school, current employer (except as expressly noted), past employer (s), and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to you.”

_____INITIALS

“I give permission for a complete pre-employment physical examination, including a drug screening exam and X-ray, and I consent to the release to the company of any and all medical information, as may be deemed necessary.”

_____INITIALS

“I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the company unless given permission in writing by the company.”

_____INITIALS

“If I become employed, in consideration of my employment, I agree to conform to the rules and regulations of the company. I agree that my employment is at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of the company or myself. Only the *President* of the company has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and such agreement must be in writing.”

_____INITIALS

Date: _____ **Signature:** _____



APPLICANT ACKNOWLEDGMENT OF COMPANY DRUG TESTING

As a condition of employment with this company, I understand that, in accordance with the DOT Anti-Drug Testing Program, I will be required to take a pre-employment drug test.

The anti-drug program requires urine testing for the following five specific drugs-marijuana, cocaine, opiates, amphetamines and PCP.

If hired, I further understand that I will be part of the company's ongoing drug/alcohol misuse testing program, which includes random, reasonable suspicion, post accident and return to duty testing.

The Alcohol Misuse Prevention Program requires evidential breath testing (EBT) conducted by qualified technicians on approved testing equipment.

If I either refuse to cooperate with the mandatory DOT Anti-Drug/Alcohol Misuse testing program as implemented by this company, or if I have a verified positive drug test reported to the company after the careful review of the Medical Review Officer, I understand that I will not be considered for employment.

Signed,

Date: _____



AMS-TRANSPORT
EMPLOYEE DRUG TESTING CONSORTIUM

PRE-EMPLOYMENT URINALYSIS
CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 391.103, all driver-applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Applicant's Name – (Print)

_____/_____/_____
(Month) (Day) (Year)

Applicant's Signature



NOTICE AND AUTHORIZATION FOR MOTOR VEHICLE REPORT

The undersigned understands that, in connection with my employment or contract work as a driver of vehicles registered to Sterndahl Enterprises, Inc.; Dodge, Warren & Peters Insurance Services, Inc. ("Dodge Warren") may request a MOTOR VEHICLE REPORT from a consumer-reporting agency concerning my motor vehicle operation history, which may include possible criminal history. I understand that a MOTOR VEHICLE REPORT may be obtained for employment purposes, as defined under the Fair Credit Reporting Act, or as defined under comparable state law. Specifically, the information from my MOTOR VEHICLE REPORT may be used for the purpose of obtaining automobile insurance for Sterndahl Enterprises, Inc. This information is necessary to acquire insurance quotes and coverage. The information in this report may also affect my ability to be a driver of vehicles owned by Sterndahl Enterprises, Inc. I voluntarily and knowingly authorize the release of all information requested by Dodge Warren.

Date: _____

Signature: _____

Driver License No.: _____

State Issued: _____

Name: _____
Print Name as it Appears on License

Date of Birth: _____

By signing below, I am also requesting that Sterndahl Enterprises, Inc. provide me with a copy of my Motor Vehicle Report.

Signature: _____



APPLICANT INTERVIEW LOG SHEET

(To be completed at time of interview)

NAME: _____

DATE OF INTERVIEW: _____

REVIEW OF DMV RECORD: _____

TRANSPORTATION: _____

TELEPHONE: _____

ABILITY TO DRIVE LARGE TRUCKS: _____

ABILITY TO OBTAIN CLASS B LICENSE W/ENDORSEMENTS: _____

ABILITY TO WORK DAYS, NIGHTS, WEEKENDS, OUT OF TOWN: _____

ABILITY TO SPEAK AND UNDERSTAND ENGLISH: _____

ABILITY TO READ AND WRITE: _____

WILLING TO JOIN LABORERS UNION, LOCAL 1184: _____

WILLING TO TAKE DRUG TEST: _____

COMMENTS: _____

