

APPLICATION FOR EMPLOYMENT

Pohl Food Service, Inc.

510 Kasota Ave

Ph. 612-379-1067 Fax. 612-379-0798

Date: _____

NAME _____ PHONE NUMBER: _____
 (Last) (First) (Middle) (Maiden name, if any)

ADDRESS: _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

ARE YOU 18 YEARS OR OLDER? YES _____ NO _____ SOCIAL SEC. NO. _____

ADDRESS: _____ HOW LONG: _____
 (Street) (City) (State & City Code)

ADDRESS FOR PAST THREE YEARS: _____ HOW LONG: _____
 (Street) (City) (State & City Code)

ADDRESS: _____ HOW LONG: _____
 (Street) (City) (State & City Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck _____				
Tractor and Semi _____				
Tractor – Two Trailer _____				
Other _____				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- C. Have you ever been convicted of a felony within the last five years? YES _____ NO _____
If yes, explain. (will not necessarily exclude you from consideration)

IF THE ANSWERED TO EITHER A, B or C IS YES, ATTACH A STATEMENT GIVING DERAILS.

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.

LAST EMPLOYER:

Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason For Leaving _____

SECOND LAST EMPLOYER:

Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason For Leaving _____

THIRD LAST EMPLOYER:

Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason For Leaving _____

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I UNDERSTAND THAT THE EMPLOYER RETAINS THE RIGHT TO TERMINATE IT'S EMPLOYEES AT ANY TIME FOR ANY REASON NOT PROHIBITED BY LAW OR COLLECTIVE BARGAINING AGREEMENT.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATION OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITTEN AND SIGNED BY AUTHORIZED COMPANY REPRESENTATIVE."

Date _____

Applicant's Signature _____

Motor Vehicle Request Authorization and Release

Date: _____

To: Heather
John W. Traeger Agency
1050 County Road E West, Suite 100
St. Paul, MN 55126
Direct: 651-414-6400
Fax: 651-414-6401

Employee/Prospective Employer: Pohl Food Service Inc.

Contact Person: Paul Bratland / Paul Lockhart (paullockhart@pohlfood.com)

Phone #: (612) 379 - 1067

Fax #: (612) 379 - 0798

Employee Name: _____

Current Address: _____

Driver License Number: _____

Licensing State: _____ Date of Birth: _____

I understand that insurance carriers require certain driving standards in approving automobile insurance coverage's. My signature below acknowledges that my Motor Vehicle Report (MVR) will be obtained and reviewed and may be used as information in the hiring process. I also authorize the employer/prospective employer, insurance agency, insurance carrier(s), and (MVR) research company to obtain and forward/exchange this information for the purpose of determining eligibility for operating vehicles of the employer/prospective employer. I also release the above-referenced entities from any action and claims for damage and alleged damages resulting from the release, exchange and review of such information. I also understand that this authorization will remain in effect for the duration of my employment.

Signature of Employee

Date