



PO BOX 535
 BROOKLYN, IA 52211-0535
 PHONE: 641-522-9206 FAXES: 641-522-9407 or 641-522-5594

CDL APPLICATION FOR EMPLOYMENT

All applicants who have a CDL must complete this application regardless of position applying for.

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which will include a drug test) may be required.

Position(s) Applied for _____ Date of application _____

PERSONAL INFORMATION

Name _____ Social Security Number _____

Address _____

Street Apt# City State Zip

Home Phone _____ Cell Phone _____

Date of Birth _____ Are you eligible for employment in the United States? () Yes () No

Have you worked for this company before? () Yes () No Where? _____

Dates: From _____ To _____ Reason for leaving _____

Are you available to work: () Full Time () Part Time () Temporary () Summer Only

On what date would you be available for work? _____ Are you on lay-off and subject to recall? () Yes () No

Can you travel if job requires it? () Yes () No

Would you accept employment () Out-of-town () Statewide () Unaccompanied by family?

Who referred you? _____ Rate of pay expected _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____

Name City State

Degree _____



DRIVER LICENSE INFORMATION

License Number _____ State _____ Expiration Date _____
CDL Type: () A () B Endorsements _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? () Yes () No
If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? () Yes () No
If yes, explain _____

Have you had an OWI in the past 5 years? () Yes () No

ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

	DATE	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc)	FATALITIES	INJURIES
Last accident				
Next previous				
Next previous				

TRAFFIC CONVICTIONS/ FORFEITURES FOR PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE

What type of trucks or types and makes/models of construction equipment can you operate?

Yrs _____

Yrs _____

Yrs _____

What type of trucks or types and makes/models of construction equipment can you repair?

List any craft training programs or special courses you have taken _____



EMPLOYMENT HISTORY

All CDL applicants who have held a CDL for 10 years, must provide the following information on all employers during the preceding 10 years. Entire 10 years must be accounted for. During periods of unemployment, list dates and write "unemployed" in employer information. If you have not had a CDL for 10 years, provide information back to the date you first obtained CDL license. List employers starting with most recent first. Add additional sheet if necessary.

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	



REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	PHONE	RELATIONSHIP	YRS KNOWN

TO BE READ AND SIGNED BY APPLICANT

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 authorize you 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 regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Manatt's Inc.

Applicant's Signature

Date

**AN EQUAL
EMPLOYMENT
OPPORTUNITY
EMPLOYER**



VOLUNTARY SURVEY

Manatt's Inc., is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Manatt's Inc., it will not be used as employment criteria. Manatt's Inc., is an equal opportunity employer, supporting diversity in the workplace.

Thank you for your voluntary cooperation in completing this form.

Position Applied For _____ Date _____

REFERRAL SOURCE

- Iowa Workforce Development (list location) _____
- Advertisement (list newspaper) _____
- Other Employee (name of person who referred you) _____
- Relative (name of person who referred you) _____
- School _____
- Walk-In _____
- Other _____

APPLICANT INFORMATION

Name (Please Print) _____ Phone () _____
Last First M.I.

Address _____
Street

City State Zip

Male Female

Please check one of the following Equal Opportunity Identification Groups:

- White Black (not of Hispanic origin)
- Hispanic American Indian/Alaskan Native
- Asian/Pacific Islander

Check any of the following that are applicable:

- Veteran Vietnam Era Veteran Gulf War Veteran
- Disabled Veteran Disabled Individual

***IMPORTANT INFORMATION ON BACK
PLEASE READ!!***



NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of Manatt's Inc., to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, or disability. Such action shall include: employment, upgrading, demotion, transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, preapprenticeship, or on-the-job training.

DESIGNATION OF EEO/AA OFFICER

Manatt's Inc., has designated Dan Boyer, PO Box 535, Brooklyn, IA 52211, 1-866-MANATT'S ext 209, as the EEO/AA Officer. The Assistant EEO/AA Officer will be Diane Kilmer, PO Box 535, Brooklyn, IA 52211, 1-866-MANATT'S ext 261. Dan Boyer or Diane Kilmer has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

TRAINING LETTER

Manatt's Inc., is an Equal Opportunity Employer interested in training prospective employees and upgrading present employees through actual on-the-job training programs. Below are listed the job classifications for which training will be provided:

Equipment Operator

Concrete Finisher

Truck Driver

The qualification(s) to be considered for our company's training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications/area training program outlines, you must request them from:

Dan Boyer, Human Resources Director
PO Box 535
Brooklyn, IA 52211
1-866-MANATT'S ext 209
