## **KOTTKES' BUS SERVICE INC.**

13625 Jay Street NW Andover, Minnesota, 55304 (763) 755-3100

## **APPLICATION FOR EMPLOYMENT**

| Positi         | on applied for:                                                                          | Date of                          | application:                                                         |                                       |
|----------------|------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|---------------------------------------|
| Name:          |                                                                                          |                                  | Social Securi                                                        | ity No                                |
| First          |                                                                                          | Last                             |                                                                      |                                       |
| Street Addre   | ess:                                                                                     |                                  | City:                                                                |                                       |
| State:         | Zip Code:                                                                                | Email:                           |                                                                      |                                       |
| hone (s):      | Home:                                                                                    | Cell:                            |                                                                      |                                       |
| Are you at le  | east 21 years old: Yes 🔲 No 🗆                                                            |                                  |                                                                      |                                       |
| lave you ev    | ver worked for Kottkes' Bus Servio                                                       | ce? Yes 🗌 No 🔲 If Ye             | es, when                                                             |                                       |
|                | u learn about Kottkes'? Banner 🗆                                                         |                                  |                                                                      |                                       |
| -              | t Kottkes' employee refer you to                                                         |                                  | _                                                                    |                                       |
|                | ou available to start?                                                                   |                                  |                                                                      |                                       |
|                | een a resident of Minnesota for th                                                       |                                  |                                                                      | C                                     |
| iave you be    | en a resident of Millinesota for ti                                                      |                                  |                                                                      |                                       |
|                |                                                                                          | <u>License Information</u>       | <u>1</u>                                                             |                                       |
|                | 383.21 FMCSR states "No person who op<br>I certify that I do not have more than on       |                                  | <del>-</del>                                                         |                                       |
| Oriver's Licen | se No.:                                                                                  | State:                           | Expiration Da                                                        | ate:                                  |
| A. Have        | e you ever been denied a license, per                                                    | mit, or privilege to operate a m | otor vehicle?                                                        | Yes □ No □                            |
| B. Has         | any license, permit, or privilege to o                                                   | perate a motor vehicle been su:  | spended or revoked?                                                  | Yes □ No □                            |
| C. Hav         | e you ever been convicted for drivin                                                     | ng while under the influence of  | alcohol or drugs?                                                    | Yes 🗆 No 🗀                            |
| If you ans     | swered yes to questions A thru C, pro                                                    | vide details and dates           |                                                                      | · · · · · · · · · · · · · · · · · · · |
|                | <u>Dr</u> i                                                                              | iving Experience (last 5 y       | years)                                                               |                                       |
| o you hold a   | a valid Commercial Driver's License (C                                                   | :DL)? Yes 🗆 No 🗀 If Yes          | s, how many years?                                                   |                                       |
|                | Class of Equipment School Bus Yes Motor Coach Yes Straight Truck Yes Tractor Trailer Yes | ☐ No☐ If Yes, ho☐ If Yes, ho☐    | ow many years?<br>ow many years?<br>ow many years?<br>ow many years? | <del></del>                           |

## **Traffic Convictions (last 3 years)**

| Date<br>(month/year) | Violation (other than parking violations) | State of<br><u>Violation</u> |
|----------------------|-------------------------------------------|------------------------------|
|                      |                                           |                              |
|                      | Accident History (last 3 years)           |                              |
| Date                 | Nature of Accident                        | Citation Issued              |
| (month/year)         | (head-on, rear-end, deer, etc.)           | (yes/no)                     |
| <del></del>          |                                           |                              |
|                      |                                           |                              |

## **Employment History**

Give employment information for all employers in the past five (5) years.

Federal law requires you to provide <u>ALL Commercial Motor Vehicle</u> related employment for previous **ten (10) years**.

| Current or Last Employer: Name |      |      | Phone        |      |              |
|--------------------------------|------|------|--------------|------|--------------|
| Street Address                 | City |      | State        |      | _Zip         |
| Position Held                  |      |      |              | _To_ |              |
| Reason for Leaving             |      |      | (Month/Year) |      | (Month/Year) |
| Next Previous Employer: Name   |      |      | Phone        |      |              |
| Street Address                 | City |      | State        |      | _Zip         |
| Position Held                  |      | From |              | _To_ |              |
| Reason for Leaving             |      |      | (Month/Year) |      | (Month/Year) |
| Next Previous Employer: Name   |      |      | Phone        |      |              |
| Street Address                 | City |      | State        |      | _Zip         |
| Position Held                  |      | From |              | To   |              |
| Reason for Leaving             |      |      | (Month/Year) |      | (Month/Year) |
| Next Previous Employer: Name   |      |      | Phone        |      |              |
| Street Address                 | City |      | State        |      | _Zip         |
| Position Held                  |      | From |              | _To_ |              |
| Reason for Leaving             |      |      | (Month/Year) |      | (Month/Year) |

|                                                                                                                                                                                 | yer. Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          | Phone                                                                                                                         |                                                                                                                                                                                                        |
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| Street Address                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                                                                                                                                                                     | State _                                                                                                                       | Zip                                                                                                                                                                                                    |
| Position Held                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From                                                                                                                                                                                     |                                                                                                                               | To                                                                                                                                                                                                     |
| Reason for Leaving _                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          | (Month/Year)                                                                                                                  | (Month/Year)                                                                                                                                                                                           |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | References                                                                                                                                                                               |                                                                                                                               |                                                                                                                                                                                                        |
| List three                                                                                                                                                                      | (3) personal references (Do not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | list relatives) who can give a                                                                                                                                                           | ın objective opin                                                                                                             | ion of your character.                                                                                                                                                                                 |
| <u>Name</u>                                                                                                                                                                     | <u>Address</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Pho</u>                                                                                                                                                                               | <u>ne</u>                                                                                                                     | Relationship                                                                                                                                                                                           |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                                                                                               |                                                                                                                                                                                                        |
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|                                                                                                                                                                                 | LY BEFORE SIGNING.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |                                                                                                                               |                                                                                                                                                                                                        |
| EASE READ CAREFUL<br>nderstand that neit<br>tablishes any obligat<br>rvice, Inc. or I can te                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | application nor any other<br>Inc. to hire me. If I am<br>any time and for any reas                                                                                                       | r part of my c<br>hired, I unders<br>son, with or wi                                                                          | onsideration for employn<br>stand that either Kottkes'<br>thout cause and without p                                                                                                                    |
| EASE READ CAREFUL<br>nderstand that neith<br>tablishes any obligat<br>rvice, Inc. or I can tentice. I understand the<br>ntrary.<br>ttest with my signat<br>plication. No reques | LY BEFORE SIGNING.  Ther the completion of this a light in the completion of this a light in the completion of this a light in the complex and the complex in the complex i | application nor any other.  Inc. to hire me. If I am any time and for any reas kes' Bus Service, Inc. has to Kottkes' Bus Service, oncealed. I authorize Kot information I have provice. | r part of my c<br>hired, I unders<br>son, with or wi<br>the authority<br>Inc. true and<br>tkes' Bus Servi<br>led is untrue, c | onsideration for employn<br>stand that either Kottkes'<br>thout cause and without p<br>to make any assurance to<br>complete information on<br>ce, Inc. to contact refere<br>or if I have concealed mat |

Kottkes' Bus Service, Inc. is an equal opportunity employer. Kottkes' Bus Service does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.