

**Truck Driver
Application Supplement
Northern Aggregate and
Northern Paving**

49361 US 71
Bemidji, MN 56601
(218) 333-8888
Fax: (218) 759-1030

Northern Aggregate/ Northern Paving has chosen to supplement its application with this request for additional information, as required by the FMCSR

(Please Print Clearly)

Addresses during previous 3 years: (If same as current address, leave blank)

Issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued:

State _____ License Number _____ Expires ____/____/____

State _____ License Number _____ Expires ____/____/____

State _____ License Number _____ Expires ____/____/____

Nature and extent of experience in the operation of motor vehicles, including the type of equipment (such as buses, straight trucks, truck tractors, semi trailers, full trailers, and pole trailers)

Accidents you were involved in, regardless of fault, during the preceding 3 years. Specify date and nature of each accident and any fatalities or personal injuries it caused:

Violations/Citations of motor vehicle laws or ordinances (other than parking) of which you were convicted or forfeited bond or collateral during the preceding 3 years:

Has your privilege to operate a motor vehicle ever been denied, revoked, or suspended? (Please circle)

YES NO

If yes, please detail the facts and circumstances:

For those applicants with driving experience, we must have your complete employment history for the preceding 3 years.

If you are employed now may we contact your employer? (Please circle)

YES NO

Previous Employer _____

Dates Employed - From _____ To _____
Month/Year Month/Year

Previous Employer _____

Dates Employed - From _____ To _____
Month/Year Month/Year

Previous Employer _____

Dates Employed - From _____ To _____
Month/Year Month/Year

Previous Employer _____

Dates Employed - From _____ To _____
Month/Year Month/Year

This certifies that this supplement was completed by me, and that all entries on it and the information are true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

	<u>Months/Years</u> <u>Experience</u>	<u>Type</u> <u>Equipment</u>	<u>Employer</u>
Tanker-Transport	[]	_____	_____
Tandem Axle Truck	[]	_____	_____
Tri Axle Truck	[]	_____	_____
Belly Dump	[]	_____	_____
Flow Boy	[]	_____	_____
Equip. Transport	[]	_____	_____
Ready Mix Truck	[]	_____	_____

	<u>Months/Years</u> <u>Experience</u>	<u>Type</u> <u>Equipment</u>	<u>Employer</u>
Dozer	[]	_____	_____
Loader (5 + CY)	[]	_____	_____
Loader (5 - CY)	[]	_____	_____
Bobcat	[]	_____	_____
Backhoe	[]	_____	_____
Crusher	[]	_____	_____
Wash Plant	[]	_____	_____

Labor Positions

	<u>Months/Years</u> <u>Experience</u>	<u>Type</u> <u>Equipment</u>	<u>Employer</u>
Laborer (Base)	[]	_____	_____
Laborer (Blacktop)	[]	_____	_____
Traffic Control	[]	_____	_____
Gravel Tester	[]	_____	_____
Lab Technician	[]	_____	_____

Plant Operator	[]	_____	_____
Motor Grader	[]	_____	_____
Paver	[]	_____	_____
Paver Screed	[]	_____	_____
Roller	[]	_____	_____
Packer	[]	_____	_____
Farm Tractor	[]	_____	_____

Maintenance Positions

	<u>Months/Years</u> <u>Experience</u>	<u>Type</u> <u>Equipment</u>	<u>Employer</u>
Diesel Mechanic	[]	_____	_____
Welder	[]	_____	_____
Parts Delivery	[]	_____	_____
Shop Help	[]	_____	_____
Parts Counter	[]	_____	_____

Supervisory Positions

<u>Position</u>	<u>Months/Years</u> <u>Experience</u>	<u>Employer</u>
_____	[]	_____
_____	[]	_____
_____	[]	_____
_____	[]	_____

Please list any additional qualifications, specialized training, job related skills you have acquired:

Office Positions

	<u>Months/Years</u> <u>Experience</u>	<u>Type</u> <u>Equipment</u>	<u>Employer</u>
Accounting	[]	_____	_____
Human Resources	[]	_____	_____
Purchasing	[]	_____	_____
Safety Environment	[]	_____	_____
Technology	[]	_____	_____
