



702 2nd Avenue South
Dodge Center, MN 55927
Phone: (507) 374-6336 / Fax: (507) 633-8809

1590 47th Street N
Fargo, ND 58102
Phone: (701) 356-5320 / Fax: (701) 277-0008

123 East Larsen Drive
Fond du Lac, Wisconsin 54937
Phone: (920) 923-1778 / Fax: (507) 633-8882

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

COMMERCIAL DRIVER'S LICENCE

FULL NAME: _____
FIRST MIDDLE LAST

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE NUMBERS: _____
RESIDENCE MOBILE

BEST TIME TO BE REACHED: _____ TODAY'S DATE: _____



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www.McNeilus.com

McNeilus Steel, Inc. is an equal opportunity employer. We do not discriminate in hiring or employment. No information on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

PLEASE PRINT

GENERAL INFORMATION

Type of Employment Sought: Full Time Part Time

Shift Preference: 1st 2nd 3rd Are you willing to work other shifts? Yes No

If yes, what other shifts? 1st 2nd 3rd Date Available for Employment: _____

Have you previously applied for work at **McNeilus Steel, Inc.**? Yes No

Have you previously worked for **McNeilus Steel, Inc.**? Yes No (If yes, please complete portion below.)

Job Title(s): _____ Supervisor: _____

Dates Employed: From: _____ To: _____

Reason for Leaving: _____

Have you ever been convicted of a felony? Yes No (If yes, this is not an automatic bar to employment.)

If yes, please indicate the charge, including where and when:

Are you legally authorized to work in the United States? Yes No

Were you referred to McNeilus Steel? Yes No By Whom? _____

DRIVING EXPERIENCE

Driver Licenses	State	License No.	Class	Expiration Date

Equipment Operation	Class of Equipment	Type of Equipment (Van, tank, flat, etc.)	Dates		Approx. No. of Miles
			From	To	
	Straight Truck			/	
	Tractor & Semi-Trailer			/	
	Tractor - Two Trailers			/	
	Other			/	

Accident Record Past 3 Years	Dates	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries
		Last Accident		
	Next Previous Accident			
	Next Previous Accident			

Traffic Convictions / Forfeitures Past 3 Years	Date	Location	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, ATTACH STATEMENT GIVING DETAILS.

EDUCATION BACKGROUND

	School, City & State	Graduate? Yes / No		Field of Major Study
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Are you currently attending school? Yes No Anticipated Graduation: _____
Mo. Yr.

List any type of special training, research, or activities that may help us evaluate your application:

EMPLOYMENT HISTORY

Please provide a complete report of all your past working experience. List most recent employer first.

Company Name	From	To	Job Title	<input type="checkbox"/> Full Time	Starting Salary \$
Address	Phone		Supervisor	<input type="checkbox"/> Part Time	Ending Salary \$
City and State	Zip Code		Reason for Leaving		
Duties and Responsibilities					
Company Name	From	To	Job Title	<input type="checkbox"/> Full Time	Starting Salary \$
Address	Phone		Supervisor	<input type="checkbox"/> Part Time	Ending Salary \$
City and State	Zip Code		Reason for Leaving		
Duties and Responsibilities					
Company Name	From	To	Job Title	<input type="checkbox"/> Full Time	Starting Salary \$
Address	Phone		Supervisor	<input type="checkbox"/> Part Time	Ending Salary \$
City and State	Zip Code		Reason for Leaving		
Duties and Responsibilities					
Company Name	From	To	Job Title	<input type="checkbox"/> Full Time	Starting Salary \$
Address	Phone		Supervisor	<input type="checkbox"/> Part Time	Ending Salary \$
City and State	Zip Code		Reason for Leaving		
Duties and Responsibilities					

MILITARY SERVICE

Have you ever been in military service of the United States? Yes No
 Branch of Service: _____ Highest Rank Attained: _____
 Major Duties and Special Training: _____

TRAINING AND EXPERIENCE

Check the areas below which you have had training or experience.

MANUFACTURING / PRODUCTION:

- | | |
|--|---|
| <input type="checkbox"/> Banding Equipment | <input type="checkbox"/> Blueprint Reading |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Computer (Word, Excel, Microsoft Office) |
| <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Flame Cutter |
| <input type="checkbox"/> Laser Cutter | <input type="checkbox"/> Plasma Cutter |
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Machine Set-ups |
| <input type="checkbox"/> Micrometer Use | <input type="checkbox"/> Overhead Crane |
| <input type="checkbox"/> Power Shears | <input type="checkbox"/> Brake Press |
| <input type="checkbox"/> Roller Equipment | <input type="checkbox"/> Welding (Mig, MigAluminum) |

OTHER WORK:

- | | |
|---|--|
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Fleet Maintenance |
| <input type="checkbox"/> Inventory | <input type="checkbox"/> Management |
| <input type="checkbox"/> Shipping / Receiving | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Sales |

Other Machines Operated or Work Conducted: _____

REFERENCES

Work or education references we may contact. (E.g. former or present employers, supervisors, co-workers or school advisors.) Do not list relatives.

Name: _____ Company: _____ Phone: () _____

Name: _____ Company: _____ Phone: () _____

Name: _____ Company: _____ Phone: () _____

READ CAREFULLY

Your signature below indicates that you understand and agree that:

- I hereby authorize **Mc Neilus Steel, Inc.** to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability **Mc Neilus Steel, Inc.** and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.
- I understand that any misrepresentation or material omission made by me on this application and/or resume will be sufficient cause for cancellation of this application or immediate termination of employment with **Mc Neilus Steel, Inc.** if I am employed, whenever it may be discovered.
- If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or **McNeilus Steel, Inc.** can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
- I understand that it is policy of **McNeilus Steel, Inc.** not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.
- I understand that as a condition of being accepted for employment, I may be required to undergo a drug and alcohol-screening test prior to employment. I further understand that if employed, such periodic testing may be a continuing requirement of my employment with **McNeilus Steel, Inc.**
- I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the above conditions, and that I seek employment under these conditions.

Applicant Signature: _____

Date: _____