

APPLICATION FOR EMPLOYMENT
 Oh'Landscapes, LLC
 14730 Hwy 7
 Mayer, MN 55360
 952-657-2765 Phone / 952-657-2766 Fax

Name of Applicant: _____
 (First) (Middle) (Last)

Address of Applicant: _____
 (Street) (City) (State/Zip)

How Long at Address Above: _____ Phone Number: _____

Date of Birth: _____ Social Security Number _____

Address for past three (3) _____ How Long? _____
 years and How Long (Street) (City) (State/Zip)
 you lived at the address _____ How Long? _____
 (Attach sheet if (Street) (City) (State/Zip)
 more space is needed)
 _____ How Long? _____
 (Street) (City) (State/Zip)

EXPERIENCE AND QUALIFICATIONS OF APPLICANT

DRIVERS LICENSES

<i>State</i>	<i>License Number</i>	<i>Type/Class</i>	<i>Expiration Date</i>

EXPERIENCE

<i>Class of Equipment</i>	<i>Type of Equipment</i>	<i>Dates From/To</i>	<i>Mile/Hours</i>
Straight Truck			
Tractor/Trailer			
Pickup/Trailer			
Excavator			
Skidsteer			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)

<i>Dates</i>	<i>Nature/Type of Accident</i>	<i>Fatalities</i>	<i>Injuries</i>

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS

(Other than Parking Violations) (Attach sheet if more space is needed)

<i>Location</i>	<i>Date</i>	<i>Charge</i>	<i>Penalty</i>

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 _____

(IF THE ANSWER TO A OR B IS YES, PLEASE EXPLAIN)

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

(Note: DOT Requires that Employment for Last 3 years and/or Commercial Driving Experience for last 7 years be Shown)

Last Employer Name _____
 Address _____
 Phone _____ Position Held _____ From _____ To _____
 Reason for Leaving _____

2nd Last Employer Name _____
 Address _____
 Phone _____ Position Held _____ From _____ To _____
 Reason for Leaving _____

3rd Last Employer Name _____
 Address _____
 Phone _____ Position Held _____ From _____ To _____
 Reason for Leaving _____

To Be Read and Signed By the Applicant

This certifies that I completed this application, and that all entries and information in it are true and complete to the best of my knowledge. I also understand this application is required per 49 CFR 391.21

Date of Application _____ Signature of Applicant _____