



For Office Use Only

Employee Number


Employee Name

New Employee
Commercial Driver
Employee Application

Blachowske   **Truck Line**

PO Box 620 • Brandon, SD 57005

Phone 866-552-2167 • Fax 605-582-7635

All Employee Signatures Must Be Filled In Before
Application Can Be Processed For Employee 



Blachowske Truck Line

Dear Driver Applicant,

Enclosed is an application for Pro Resources Corporation. Blachowske Truck Line leases their employees from Pro-Resources Corporation.

It is extremely important to complete the application and the forms in their entirety. This includes complete telephone numbers from your former employers, work history for the past ten years (*both driving and non-driving employment*) and the reason for leaving each position.

Please refer to the form titled: "Request Information of Previous Employer". ****DO NOT FILL IN ANY OF THE BLANKS. YOU ONLY NEED TO SIGN AND DATE THE FORM AT THE BOTTOM.**** This form allows PRO Resources Corporation and/or Blachowske Truck Line to verify your employment history.

Please return your application and forms in the envelope provided or you may return the information via fax or scan and e-mail to ericm@blachowske.com

Blachowske Truck Line
P. O. Box 620
Brandon, S.D. 57005
Phone: 866-552-2167
Fax: 605-582-7957

Thank you for your time and for considering our company. I hope you will be working with us very soon.

Sincerely,

Eric McGuire
Driver Recruiter

Driver (Commercial) Application for Employment

DRIVER (Commercial)
APPLICATION

Date of Application: _____

NOTICE:

Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b) (10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23.

(PLEASE PRINT and ANSWER ALL QUESTIONS)

Name: _____

Current Address: _____ City _____ State _____ Zip _____

(must have 3 years of address listed)

Previous Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Phone: _____ E-mail address: _____

In case of an EMERGENCY please notify: _____ relationship _____

Home phone: _____ Work phone: _____

1. Do you have the legal right to work in the United States? Yes No

2. Date of Birth _____ / _____ / _____

3. What is your height? _____ ' _____ "

4. Proof of Age Birth Certificate

5. What is your weight? _____ lbs. Social Security Number _____

Driver's License

6. Have you worked for this company before? Yes No

Other _____

7. If yes, for which client (Company) _____

Dates worked - From _____ / _____ / _____ To _____ / _____ / _____ Rate of Pay \$ _____

Position _____ Reason for Leaving _____

8. Are you now employed? Yes No

9. Who referred you? _____

10. POSITION APPLIED FOR: **DRIVER**

11. Rate of pay expected? \$ _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? Yes No

If yes, what can be done to accommodate your limitations? _____

Are you physically capable of heavy, manual work? Yes No If no please explain _____

How much time have you lost from work in the past three years? Also, please explain _____

Would you be willing to take a physical examination? Yes No

EMPLOYMENT HISTORY

Must List 10 Years of ALL Previous Employment

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EMPLOYER - May we contact present employer? Yes <input type="checkbox"/> or No <input type="checkbox"/>	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Reason for Leaving:	Contact Person: _____
	Phone: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes No

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Reason for Leaving:	Contact Person: _____
	Phone: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes No

EMPLOYER	DATES
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EMPLOYER	DATES
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EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Reason for Leaving:	Contact Person: _____
	Phone: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes No

PREVIOUS EMPLOYERS CONTINUED

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Reason for Leaving:	Contact Person: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes No

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Reason for Leaving:	Contact Person: _____ Phone: _____

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EMPLOYER	DATES
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EMPLOYER	DATES
Name:	From: _____ To: _____
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EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Reason for Leaving:	Contact Person: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes No

DUE PROCESS RIGHTS

Following are your rights in regard to your safety performance history information:

- The right to review information provided by the previous employer
- The right to have errors in the information corrected by the previous employer, and for that previous employer to resend the corrected information to the prospective employer; and
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Applicant's Signature

Date Signed

IF THIS SECTION IS NOT SIGNED & DATED BY THE APPLICANT, THE APPLICATION WILL NOT BE PROCESSED.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records. Please contact Human Resources for more information.

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (*Attach sheet if more space is needed*)

	DATES	NATURE OF ACCIDENT/INCIDENT	FATALITIES	INJURIES
Last Accident:				
Next Previous:				

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 5 YEARS (*Other than parking violations*)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

LAST SCHOOL ATTENDED _____ CITY, STATE _____, _____

CHECK HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

EXPERIENCE & QUALIFICATIONS (*Driver*)

DRIVER'S LICENSES <small>Date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant;</small>	STATE	LICENSE NO.	TYPE	EXPIRATION

- 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
 C. Have you ever been convicted of a felony? Yes No

IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, ATTACH A STATEMENT GIVING DETAILS

(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP. (Van-Tank-Flat-Etc.)	DATES		TOTAL # OF MILES
		From	To	

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO? _____

Please complete the following only if you answered 'Yes' to question A, B, or C on page 3

Please complete a statement giving details as follows:

(b)(9)A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

If you answered 'Yes' to question A:

If you answered 'Yes' to question B:

If you answered 'Yes' to question C:

The separate Request for Information from Previous Employer form must be received before this employment application can be processed. [Click here to print the Request for Information from Previous Employer form.](#) Sign and date the form, then fax to 605-582-7635, scan form and email to ericm@blachowske.com, or mail to PO Box 620, Brandon, SD 57005.

APPLICANT'S CERTIFICATION
(To be read and signed by Applicant)

In consideration for employment with PRO Resources, I hereby understand and agree as follows:

This application was completed by me, all entries upon it and information in it are true and complete to the best of my knowledge. Any false or misleading information furnished by me on this application or other required documents or in connection with my application shall result in denial of employment or, if employed by PRO Resources, the termination of my employment. PRO Resources has my consent to make a thorough investigation on my background, including my past employment, references furnished, education and any other activities, and I release all persons, firms or entities supplying such information from any and all liability and damages on account of supplying such information. I further agree to indemnify PRO Resources against any and all liability that may result from making such an investigation.

I certify that I have not taken any non-prescribed medication during the past (60) sixty days. This includes, but is not limited to amphetamines, narcotics or any other habit-forming drug. If PRO Resources, or any of its lessees, advance me money or other items of value or I otherwise become financially indebted to PRO Resources, or any of its lessees, I agree to repay PRO Resources, or any of its lessees, and any salary or wages I earn may be used to offset (by a payroll deduction) and applied against any monies owed to PRO Resources, or any of its lessees.


This application will not be accepted or considered by PRO Resources unless all required information is completed by me and such information is fully legible. I will be given no further consideration if answers are evasive or the history of previous events is not presented in proper order with respects to dates.

I hereby authorize PRO Resources to obtain a copy of my Motor Vehicle Report. I understand that I may be on a (90) ninety day probationary period in which I may be discharged without reason or recourse.


I agree to submit to any and all testing as required by PRO Resources, any of its lessees and the Department of Transportation.

I also acknowledge and understand that I am applying for employment with PRO Resources, that if hired I will be an employee of PRO Resources, and that I can be terminated at any time with or without cause. I understand and agree that if I am employed by PRO Resources, as a condition of my employment with PRO Resources, PRO Resources has the right to transfer my services to any available position, therefore, I agree to accept a position that I am qualified to perform. In the event that training may be needed, I agree to participate in any training that may be necessary to satisfy the position.


I hereby certify that the information contained on the form is true and correct and that there are no omissions. I authorize any physician, medical facility, past employer(s) and or privileged agencies contracted by PRO Resources Corporation, to furnish or verify workers' compensation information and medical information.



(Applicants Name - Printed)




(Applicants Signature)




(Date)

Comments: _____

With successful completion of this review, you will be advised as to your start date with PRO Resources Corporation and to which client company you have been assigned.



(Signature of PRO Resources Representative)



(Date)