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APPLICATION FOR A CDL DRIVER

NAME: _____
 (FIRST) **(MIDDLE)** **(LAST)**

DATE OF BIRTH: _____ SSN: _____ DATE AVAILABLE: _____

ADDRESS: _____
 (STREET) **(CITY)** **(STATE)** **(ZIP)** **(# OF YRS AT THIS ADDRESS)**

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS IF DIFFERENT THAN ABOVE:

(DATES) (STREET) (CITY) (STATE) (ZIP)

(DATES) (STREET) (CITY) (STATE) (ZIP)

CELL PHONE: _____ EMAIL: _____

WHO REFERRED YOU?/HOW DID YOU HEAR ABOUT US?: _____

DESIRED STARTING WAGE: _____

DRIVER'S LICENSE INFORMATION

STATE	DRIVER'S LICENSE NUMBER	CLASS & ENDORSEMENTS	EXPIRATION DATE

MY CDL WAS FIRST OBTAINED ON: _____ (MONTH/YEAR)

MOTOR VEHICLE ACCIDENTS

If **NONE**- Check Box **NO-accidents in past 3 years**

DATE ACCIDENT OCCURRED:	NATURE OF ACCIDENT:	DETAILS: (FATALITIES, INJURIES, ETC.)

TRAFFIC VIOLATIONS

If **NONE**- Check Box **NO-accidents in past 3 years**

DATE OF VIOLATION:	VIOLATION:	CMV YES / NO	EXPLANATION

REVOICATIONS AND SUSPENSIONS

Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?

Check Box NO YES IF YES, PROVIDE DETAILS BELOW:

DATE:	VIOLATION:	EXPLANATION

EDUCATION

TYPE OF SCHOOL ATTENDED:	SCHOOL NAME/LOCATION:	DID YOU GRADUATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL			
TECHNICAL, COLLEGE, UNIVERSITY			

EMPLOYMENT EXPERIENCE

LIST NAMES, ADDRESSES AND CONTACT INFORMATION WHERE YOU WERE EMPLOYED

DURING THE LAST 10 YEARS. YOU MUST INCLUDE FULL ADDRESS AND PHONE NUMBER.

Past Employer:		Dates Employed (mm/dd/yy) :	
Address (street, city, state, zip):			
Phone #:		Hourly Rate:	Job Title:
Supervisor Name:		Worked Performed:	
Reason for Leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed at this company? YES NO		Were you subject to 49 CFR part 40 controlled substance and alcohol testing while employed at this company? YES NO	

Past Employer:		Dates Employed (mm/dd/yy) :	
Address (street, city, state, zip):			
Phone #:		Hourly Rate:	Job Title:
Supervisor Name:		Worked Performed:	
Reason for Leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed at this company? YES NO		Were you subject to 49 CFR part 40 controlled substance and alcohol testing while employed at this company? YES NO	

Past Employer:		Dates Employed (mm/dd/yy) :	
Address (street, city, state, zip):			
Phone #:		Hourly Rate:	Job Title:
Supervisor Name:		Worked Performed:	
Reason for Leaving:			
Were you subject to Federal Motor Carrier Safety Regulations while employed at this company? YES NO		Were you subject to 49 CFR part 40 controlled substance and alcohol testing while employed at this company? YES NO	

IF YOU NEED TO ADD MORE INFORMATION, PLEASE CONTINUE ON THE BACK OF THIS PAGE.

This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize Tennis Sanitation, LLC or Tennis Roll Off, LLC to make an investigation of any of the facts set forth in this application. All offers of employment are conditional upon satisfactory reference checks, successful completion of a DOT pre-employment drug test, background check and motor vehicle report.

BY SIGNING THIS FORM, I AUTHORIZE **TENNIS SANITATION, LLC OR TENNIS ROLL OFF, LLC TO OBTAIN A MOTOR VEHICLE REPORT PURSUANT TO 391.23 REQUIREMENTS.**

APPLICANT'S SIGNATURE

DATE