



Q3 CONTRACTING, INC.
 3066 SPRUCE STREET LITTLE CANADA, MN 55117-1061
 Phone: 651-224-2424 Human Resources Fax: 651-365-7380

X _____
Signature of Applicant Date

Name _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ e-mail Address: _____

*Current Address _____
 Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for _____ Division: _____ Temporary _____ Part Time _____ Full Time _____

Who referred you ? _____ Rate of pay expected? _____

Have you worked for our company before? _____ Dates: From _____ To _____
 Month/Year Month/Year

Where? _____ Under what name? _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Names and relationship any relatives employed by this company? _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
 Name Address

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? _____ Year: _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment and all circumstances will be considered, but an explanation is required.

Have you ever been barred from working or to perform service on the property of any company or entity? _____ If yes, please explain: _____

Driver Experience & Qualification - Please Answer ALL questions in this section

Licenses

Drivers Licenses held in the past 3 years must be shown	State	License Number	Class	Endorsement(s)	Expiration date

All Commercially licensed drivers must complete the Commercial License Supplement – Additional Form

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Has any license, permit, or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to A,B,C attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers – LVC's				
Other				

List states operated in during last five years

List special courses or training that will help you as a driver

List driving awards held and who presented by

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past ten years. Effective July, 1987 they must also show commercial driver employment for the ten years immediately preceding this year period. 391.21(B) (10), (11). You will be required to complete the Commercial Supplement as well.

Start with the **most recent or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisors Name: _____

Address: _____ Phone:(_____) _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving _____

Previous Employer: _____ Supervisors Name: _____

Address: _____ Phone:(_____) _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving _____

Previous Employer: _____ Supervisors Name: _____

Address: _____ Phone:(_____) _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving _____

Previous Employer: _____ Supervisors Name: _____

Address: _____ Phone:(_____) _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving _____



APPLICANT MUST READ AND SIGN

I certify that I have read all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history. Whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishings such information. I understand that, as an applicant for a position within this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ X _____
Date *Applicant Signature*



Q3 Contracting, Inc.

3066 Spruce Street
Little Canada, MN 55117

PRE-EMPLOYMENT CONSENT AND RELEASE

I hereby authorize Q3 Contracting (hereinafter referred to as the Company) to conduct through its designated physician and medical laboratory testing facility a pre-employment drug and alcohol test pursuant to Q3's policy and I understand a drug and alcohol test will be administered as part of the pre-employment process to determine the presence of certain drugs and substances prohibited by that policy such as alcohol, illegal look-alike substances and designer and synthetic drugs. I further understand that the presence of any of these drugs or substances will cause the withdrawal of my conditional offer of employment and my rejection from further consideration for employment.

I understand that refusal to submit to the drug and alcohol test will constitute voluntary withdrawal of my application for employment. I also understand that switching or adulterating my urine sample or otherwise failing to cooperate with the administration of the test will result in my ineligibility for employment.

I fully understand that should I be conditionally put to work by the Company prior to the results of the drug and alcohol test being known, my continued employment with the company is conditional upon those results and I understand I will be subject to immediate termination by the Company based upon the findings. I also understand that if hired, I will be subject to the current Company policies that shall include ongoing random drug and alcohol screenings throughout employment at Company request and discretion.

I authorize that the results of my drug and alcohol test be given to the Company and/or its agents. I release and hold the Company designated physician and testing laboratory harmless for release of this information to the Company and/or its agents. I also release and hold harmless the Company, its owners, directors, officers, stockholders, employees and agents for the use of this information for employment related purposes.

Name: _____ *(please print)*

Social Security Number: _____ Date: _____, 20____

Signature: X _____



APPLICANT’S AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS (49 CFR Part 40.25)

I, _____, understand that as a condition of hire with Q3 Contracting, Inc. I must give previously mentioned company written authorization to obtain the results of all Department of Transportation (DOT) mandated drug and/or alcohol tests – including refusals to test – from all of the companies for which I worked in a safety-sensitive position, or for which I took a pre-employment drug test during the previous two (2) years.

Below I have listed all of the companies for which I have worked or pre-employment tested during the past two years. I hereby authorize Q3 Contracting, Inc., to obtain from those companies, and I hereby authorize those companies, to furnish Q3 Contracting, Inc. the following information concerning my drug and alcohol tests:

1. all alcohol test with results of 0.04 or greater during the previous two years;
2. all positive drug tests during the previous two years;
3. all instances in which I refused to submit to a DOT required drug, controlled substance and/or alcohol test (refusals include verified adulterated and/or substituted tests);
4. other violations of DOT drug and alcohol testing regulations; and
5. documentation of successful completion of return-to-duty requirements, including follow-up testing, as a result of a violation of DOT drug and alcohol regulations.

Company Name, Address and Phone Number: (Please PRINT)

Dates of Employment

(Use the back of this form if necessary)

Due Process Rights:

- You, as the applicant, have the right and are hereby notified of:
- The right to review information provided by previous employers (§391.23(i));
- The right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer (§391.23(j)1); 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 (§391.23(j)(3)).

Applicant Certification:

I have carefully read and fully understand this authorization to release my previous drug and alcohol test to Quality Contracting. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked DOT safety-sensitive position or been pre-employment tested during the previous two (2) years. The company reserves the right to terminate my employment should this search reveal that I have violated one of the above DOT requirements. I also understand that I am responsible for all costs associated with any Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing.

If you never performed DOT functions in the past two years, check this box and sign below.

(Signature of Applicant)

(Social Security Number)

(Date)



APPLICANT ALCOHOL/DRUG SCREEN ACKNOWLEDGEMENT

1. I understand that the company has a policy (as per U.S. Department of Transportation 49 CFR Part 199, 382 and Part 40) requiring each applicant for employment to be tested for the presence of alcohol and/or drugs.
2. I understand that the required specimen will be tested by a Department of Health and Human Services (DHHS) certified laboratory for marijuana, cocaine, opiates, amphetamines, and PCP. Alcohol testing will be accomplished utilizing breath-testing equipment on the National Highway Traffic Safety Administration (NHTSA) Conforming Products List.
3. I understand that the specimen will be tested to determine the presence of these drugs and alcohol using a chain-of-custody procedure to insure integrity of the specimen and its identification.
4. I understand that the results of this testing will be reviewed and that the company will terminate the application process if the results indicate the presence of illegal or improperly used prescription drugs in my system
5. I understand that should I be hired I will be subject to future substance testing, consistent with DOT 49 CFR Part 199, 382 and Part 40.

Employee Name *(please print)*

X
Employee Signature

Social Security Number

Date