



PO BOX 535
BROOKLYN, IA 52211-0535
PHONE: 641-522-9206 FAX: 641-522-5090

CDL APPLICATION FOR EMPLOYMENT
All applicants who have a CDL must complete this application.

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which will include a drug test) may be required.

Position(s) applied for Date of application

PERSONAL INFORMATION

Name Social Security Number

Address Street Apt# City State Zip

Home Phone Cell Phone

Date of Birth Are you eligible for employment in the United States? () Yes () No

Have you worked for this company before? () Yes () No Where?

Dates: From To Reason for leaving

Are you available to work: () Full Time () Part Time () Temporary () Summer Only

On what date would you be available for work? Are you on lay-off and subject to recall? () Yes () No

Can you travel if job requires it? () Yes () No

Would you accept employment () Out-of-town () Statewide () Unaccompanied by family?

Who referred you? Rate of pay expected

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended Name City State

Degree



DRIVER LICENSE INFORMATION

License Number _____ State _____ Expiration Date _____

CDL Type: () A () B Endorsements _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? () Yes () No
If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? () Yes () No
If yes, explain _____

Have you had an OWI in the past 5 years? () Yes () No

ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

	DATE	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc)	FATALITIES	INJURIES
Last accident				
Next previous				
Next previous				

TRAFFIC CONVICTIONS/ FORFEITURES FOR PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE

What type of trucks or types and makes/models of construction equipment can you operate?
_____ Yrs _____
_____ Yrs _____
_____ Yrs _____

What type of trucks or types and makes/models of construction equipment can you repair?

List any craft training programs or special courses you have taken _____



EMPLOYMENT HISTORY

All CDL applicants who have held a CDL for 10 years, must provide the following information on all employers during the preceding 10 years. Entire 10 years must be accounted for. During periods of unemployment, list dates and write “unemployed” in employer information. If you have not had a CDL for 10 years, provide information back to the date you first obtained CDL license. List employers starting with most recent first. Add additional sheet if necessary.

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	

EMPLOYER			EMPLOYED FROM (MO)	(YR)
NAME			TO (MO)	(YR)
ADDRESS			POSITION	
CITY	STATE	ZIP	SALARY / WAGE	
SUPERVISOR			REASON FOR LEAVING	
PHONE NUMBER			MAY WE CONTACT? () YES () NO	
FAX NUMBER			1 ST CDL EMPLOYER? () YES () NO	



REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	PHONE	RELATIONSHIP	YRS KNOWN

PART 40.25(j) requires Manatts to ask applicant/driver whether he/she has tested positive or refused to test on any pre-employment alcohol or drug test administered by an employer to which the applicant/driver applied, but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past (2) years. Applicant/driver answer questions listed below:

During the past two (2) years have you tested positive on a pre-employment alcohol or drug test administered by an employer in which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules? _____ Yes _____ No

During the past two (2) years have you refused to test on a pre-employment alcohol or drug test administered by an employer in which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules? _____ Yes _____ No

If you answered YES to either of the questions above, please explain below and provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart 0.

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Manatt's Inc.

Applicant's Signature

Date

**AN EQUAL EMPLOYMENT
OPPORTUNITY EMPLOYER**
Women, minorities, veterans and individuals with
disabilities are encouraged to apply.



VOLUNTARY AFFIRMATIVE ACTION SURVEY

Manatts, Inc., is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Manatts, Inc., it will not be used as employment criteria. Manatts, Inc., is an equal opportunity employer, supporting diversity in the workplace. Thank you for your voluntary cooperation in completing this form.

Position Applied For:		Date:	
Name:			
Street Address:		City:	State: Zip:
Gender			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I choose to not self-identify my gender.	
Referral Source			
<input type="checkbox"/> Iowa Workforce Development (list location)			
<input type="checkbox"/> Advertisement (list newspaper)			
<input type="checkbox"/> Other Employee (name employee)			
<input type="checkbox"/> School (name school)			
<input type="checkbox"/> Online (name website)			
<input type="checkbox"/> Walk In		<input type="checkbox"/> Other	
Ethnicity:			
<input type="checkbox"/> White (Not Hispanic or Latino)		<input type="checkbox"/> Asian (Not Hispanic or Latino)	
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)		<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	
<input type="checkbox"/> I choose to not self-identify my ethnicity.			

NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of Manatts, Inc., to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, or disability. Such action shall include: employment, upgrading, demotion, transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, preapprenticeship, or on-the-job training.

DESIGNATION OF EEO/AA OFFICER

Manatts, Inc., has designated Andy Day, PO Box 535, Brooklyn, IA 52211, 1-866-MANATTS, ext 209, as the EEO/AA Officer. The Assistant EEO/AA Officer will be Diane Kilmer, PO Box 535, Brooklyn, IA 52211, 1-866-MANATTS ext 261. Andy Day or Diane Kilmer has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

TRAINING LETTER

Manatts, Inc., is an Equal Opportunity Employer interested in training prospective employees and upgrading present employees through actual on-the-job training programs. Below are listed the job classifications for which training will be provided:

Equipment Operator

Truck Driver

Concrete Finisher

The qualification(s) to be considered for our company's training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications/area training program outlines, you must request them from Andy Day, Human Resources Director, PO Box 535, Brooklyn, IA 52211 or by calling 1-866-MANATTS ext 209.



PRE-OFFER VETERAN SELF ID FORM

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “**disabled veteran**” is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please select one of the following:
<input type="checkbox"/> I identify as one or more of the classifications of protected veteran listed above.
<input type="checkbox"/> I am not a protected veteran.
<input type="checkbox"/> I don't wish to answer.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.