

APPLICATION FOR QUALIFICATION:

Company Name: Vogelsberg Trucking

Address: 2989 1st Ave NW

City: Faribault

State: MN

Postal Code: 55021



The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the Federal Motor Carrier Regulation and the Company Named above.

Instructions: 1. Please Print clearly 2. Complete all sections. If the answer is "No" or "None" do not leave that section blank but fill it in with "No" or "None".

SECTION A: APPLICANT INFORMATION

Name (First; Middle; Last)

Date of Birth (DD/MM/YYYY)

Telephone Number (with area code)

Person applying for (circle one)

-Driver -Contractor -Contractor's Driver -Other _____ (please specify)

Alternate Telephone number:

Residence history for the past three years starting with your current address.

Current Address:

From (DD/MM/YYYY)

City:

State:

Postal Code:

To (DD/MM/YYYY)

Address:

From:

City:

State:

Postal Code:

To:

Address:

From:

City:

State:

Postal Code:

To:

Address:

From:

City:

State:

Postal Code:

To:

Have you ever worked for this company before?

*YES

*NO

If yes-When? From _____ To _____

Reason for leaving? _____

Please Circle the highest grade level completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College/University: 1 2 3 4

Post-Graduate: 1 2 3 4

SECTION B: EMPLOYMENT HISTORY Please provide a complete record of all employment (starting with the most current or most recent) for the past three years including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.

Company Name

Position Held

Telephone Number

Address:

From (DD/MM/YYYY)

City:

State:

Postal Code:

To (DD/MM/YYYY)