

**BEVERIDGE INCORPORATED**  
**800 LAKE DRIVE - NORTH PLATTE NE 69101**

**APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Temporary \_\_\_ Part Time \_\_\_ Full Time \_\_\_ Seasonal \_\_\_ How did you learn about us? \_\_\_\_\_

Date available to work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

Address \_\_\_\_\_

Telephone/Cell \_\_\_\_\_ Email \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(Proof of citizenship or immigration status will be required upon employment.) \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_

Will you travel if job requires it? \_\_\_\_\_

Will you work overtime if required? \_\_\_\_\_

**EDUCATION** Highest grade completed: \_\_\_\_\_

Last school attended \_\_\_\_\_

**GENERAL**

Have you ever been convicted of a felony? \_\_\_ yes \_\_\_ no *If yes, please explain fully on a separate sheet of paper. Conviction of a crime in not an automatic bar to employment – all circumstances will be considered.*

**PERSONAL/PROFESSIONAL REFERENCES**

Name Phone Number Best time to call Occupation

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**WORK EXPERIENCE** DOT requires that employment for at least 3 Years and Commercial Driving Experience for the Past 10 Years

Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Date Start Employment \_\_\_\_\_ End Date \_\_\_\_\_ Hourly Wage/Salary \_\_\_\_\_ May we contact \_\_\_\_\_

Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Date Start Employment \_\_\_\_\_ End Date \_\_\_\_\_ Hourly Wage/Salary \_\_\_\_\_ May we contact \_\_\_\_\_

Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Date Start Employment \_\_\_\_\_ End Date \_\_\_\_\_ Hourly Wage/Salary \_\_\_\_\_ May we contact \_\_\_\_\_

**ADDITIONAL INFORMATION**

Qualifications: Describe any specialized training, apprenticeship, skills, equipment operated and extra-curricular activities. *Summarize special job-related skills and qualifications*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER EXPERIENCE AND QUALIFICATIONS**

Date of Birth \_\_\_\_\_ *The U.S. Department of Transportation requires that driver applicants state their date of birth 391.21(b)(2)*

Drivers Licenses held in past 3 Years must be shown:

State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_\_
- B. Has any license, permit, or privilege ever been suspended or revoked? \_\_\_\_\_
- C. Do you have an SR22 from your insurance company? \_\_\_\_\_

Accident Review for past 3 years

Date	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

**Applicant's Statement**

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge, I understand, also that I am required to abide by all rules and regulations of the employer. 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 UNDERSTAND THIS MAY INCLUDE A CRIMINAL BACKGROUND CHECK. \_\_\_\_\_ (Initial)

**DRUG/ALCOHOL TESTING CONSENT FORM**

I have applied for employment with Beveridge Incorporated in a position that requires me to operate an automobile or truck. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Beveridge Incorporated for a car or truck driver position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Beveridge Incorporated for screening purposes to conduct such screening and to provide the results to Beveridge Incorporated, and I release Beveridge Incorporated and any persons affiliated with Beveridge Incorporated and any such institution or person conducting the screening, from liability therefore.

Applicant's Signature: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**EMPLOYEE DOT HEALTH CERTIFICATE POLICY**

Federal and state DOT regulations require all commercial drivers to obtain and maintain DOT Health Certificates. Beveridge Incorporated strictly enforces these regulations. Therefore, all field personnel are required to have current DOT Health Certificates in order to operate company vehicles rated 10,001 lbs. or greater. DOT Health Certificates of current employees will be maintained at the employee's expense. All newly hired field personnel will obtain DOT Health Certificates prior to their date of hire at the employee's expense. Future DOT Health Certificates will be maintained at the employee's expense.

Print Name \_\_\_\_\_

I agree to comply with the above DOT Health Certificate policy.

\_\_\_\_\_ Signature

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative for the Employer has the authority to make assurances to the contrary.