



# R AND D TRANSPORTATION, INC

## Employment Application

R and D Transportation, Inc. is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, religion, creed, age, sex, national origin, ancestry, marital status, pregnancy, disability (including those related to pregnancy or childbirth), sexual orientation, genetic information, complaining in good faith to the Employer or to a public authority, status with regard to public assistance, membership or non-membership in a labor organization, military, National Guard or reserve service, or any other characteristic or activity protected under federal, state or local law. None of the questions in this application is intended to elicit information regarding any protected characteristic(s), nor imply any limitation; illegal preference or discrimination based upon non-job-related information or protected characteristic(s). R and D Transportation, Inc complies with all applicable legal requirements in its hiring process and related tests and background checks.

If you are hired by R and D Transportation, Inc. you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason. Similarly, if you are hired, R and D Transportation, Inc. will have the right to terminate your employment at any time, for any reason, with or without cause, notice or prior warning or discipline. No R and D Transportation, Inc. supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

**NOTICE: THE LAW AND/OR POLICIES OF R and D TRANSPORTATION, INC. MAY DISQUALIFY AN INDIVIDUAL WITH A PARTICULAR CRIMINAL HISTORY BACKGROUND OR DRIVING RECORD FROM EMPLOYMENT IN PARTICULAR POSITIONS.**

**Please Print and Be Sure to Complete ALL Questions Fully and Accurately!** Today's Date \_\_\_\_\_

Positions Applied For \_\_\_\_\_ Date you can Start \_\_\_\_\_ Desired Wage or Salary \$ \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Have you ever been known by another name or by an alias?  Yes  No If yes, list all names or aliases: \_\_\_\_\_

Present Address \_\_\_\_\_  
Address City State Zip

Cell Phone # \_\_\_\_\_ Home # \_\_\_\_\_

Other phone at which you can be reached (present work # if employed) \_\_\_\_\_

Email address: (this info will only be used by R and D Inc.) \_\_\_\_\_

If hired, can you furnish proof that you are 18 years of age, or older?  Yes  No If no, explain \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States?  Yes  No If no, explain \_\_\_\_\_

Have you applied for work or worked at our Company before?  Yes  No If yes, when, what position, and reason for leaving? \_\_\_\_\_

Are you applying for full time, part time or split shift?  Full time  Part Time  Split Shift  AM  PM

Are you available to work at any time of the day or week as needed, including overtime?  Yes  No

If no, please explain any scheduling limitations \_\_\_\_\_

**IF YOU WISH TO BE CONSIDERED FOR POSITIONS THAT REQUIRE DRIVING, PLEASE ANSWER THE FOLLOWING QUESTIONS.**

Do you have a current, valid and unrestricted MN driver's license(s)?  Yes  No If yes, what class of license(s)? \_\_\_\_\_

Have you had any valid driver's licenses in other states in the past ten years?  Yes  No If yes, what years and which state(s)? \_\_\_\_\_

Have you ever had auto insurance denied or canceled?  Yes  No If yes, explain \_\_\_\_\_

**Please provide education information if you wish to be considered now or in the future for a supervisory or office position:**

Education	Name and Location of School	No. of Years	Did you Graduate?	Major
Elementary				
High School				
College				
Trade				
Business				

Have you served in the Military?  Yes  No If Yes, which branch, rank and nature of discharge? \_\_\_\_\_  
 Briefly describe any military training or experience related to position applied for: \_\_\_\_\_

Have you ever worked in a position similar to the one for which you are applying?  Yes  No If yes, where and for how long? \_\_\_\_\_

If experienced in using tools or equipment which might be helpful on this job, or if you hold a state journeyman or any related public or private licenses, certificates or competency cards, please provide details, including issuing authority and any identifying license or other numbers \_\_\_\_\_

Where have you gained this experience? \_\_\_\_\_

Are you acquainted with anyone who is or was employed by our Company?  Yes  No If yes, who, and how do you know them? \_\_\_\_\_

**WORK HISTORY:**

**List all employers during last ten years, with present or last employer first. If more space is needed, use additional pages. Do not omit any employment. A resume does NOT substitute completion of this section.**

<b>Employer:</b>	Dates Employed (Mo/Yr) From: To:	Job Title/Responsibilities
Supervisor Name/Title:	Pay rate: \$ Per: Start: Final:	
Address: City, State & Zip Code	May we contact this employer? Yes No	
Telephone:	If no, reason:	
Reason for Leaving:	How much notice was given:	

<b>Employer:</b>	Dates Employed (Mo/Yr) From: To:	Job Title/Responsibilities
Supervisor Name/Title:	Pay rate: \$ Per: Start: Final:	
Address: City, State & Zip Code	May we contact this employer? Yes No	
Telephone:	If no, reason:	
Reason for Leaving:	How much notice was given:	

<b>Employer:</b>	Dates Employed (Mo/Yr) From: _____ To: _____	Job Title/Responsibilities
Supervisor Name/Title:	Pay rate: \$ _____ Per: _____ Start: _____ Final: _____	
Address: City, State & Zip Code	May we contact this employer? Yes No	
Telephone:	If no, reason:	
Reason for Leaving:	How much notice was given:	

List all Periods of Unemployment Since You Finished School.

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

How did you spend this time?  
(Do not provide any specific information related to medical conditions. Do not provide information related to incarceration.)

\_\_\_\_\_

\_\_\_\_\_

Are you on layoff status and eligible for recall or eligible for referral for hire by a hiring hall or employment service?  Yes  No

**REFERENCES:**

**Give the names of three persons not related to you, whom you have known at least one year, as references we can contact.**

INDIVIDUAL'S NAME	PHONE	ADDRESS	RELATIONSHIP TO YOU	YEARS ACQUAINTED
1.				
2.				
3.				

R and D Transportation, Inc require that **some** of its employees be available for work throughout Minnesota and beyond as work requires. Are you prepared to work, including overnight stays on occasion, wherever R and D Transportation, Inc. may assign you?

Yes  No If no, please explain \_\_\_\_\_

**R and D Transportation, Inc. requires that each employee hired for a certain position own or purchase a specified set of tools (such as a GPS unit, map book or other address locating device) as a condition of employment. Each such individual employee is responsible for having access to these tools each day, and the employee is responsible for transporting his/her own tools to each location.**

Do you own or are you willing to purchase such tools and do you have access to a vehicle sufficient to transport yourself and your tools to and from work on a daily basis for such positions?

Yes  No If no, please explain \_\_\_\_\_

Do you plan to work for any other employer or engage in self-employment during your period of employment with R and D Transportation, Inc.?

Yes  No If yes, please explain \_\_\_\_\_

Have you ever worked or provided independent contractor services in our industry at any time not listed above:

Yes  No If yes, please explain \_\_\_\_\_

You will be asked to provide authorization for a criminal background history and driving history. You will also be asked to submit to a drug and/or alcohol test and/or DOT physical/medical examination if you are made a conditional offer of employment. Are you willing to do so?

Yes  No If no, please explain \_\_\_\_\_

R and D Transportation, Inc. has policies on sexual harassment and equal employment opportunity, policies which require employees to perform all assigned work and mandatory overtime, policies requiring wage or salary deduction authorizations by employees for employer property, debts or monies not returned or repaid, an at-will employment policy, a complaint policy, solicitation and distribution policies and policies requiring employees to observe all standards of conduct, policies and work rules of R and D Transportation, Inc., and, for certain employees, confidentiality, non-solicitation and/or non-competition agreement requirements. Applicants may review these policies at our office. Do you agree, if hired, to comply with these and all other lawful current or subsequently adopted R and D Transportation, Inc. policies and requirements?

Yes  No If no, please explain \_\_\_\_\_

**ACKNOWLEDGMENT: PLEASE READ AND SIGN (if you agree)**

By my signature below, I promise that the information provided in this employment application (and any related information provided by me) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date, no matter how long I have been employed. I agree to immediately notify R and D Transportation, Inc. if I should be convicted of or plead guilty to any crime during my period of employment if hired by R and D Transportation, Inc..

I authorize R and D Transportation, Inc. (the "Employer") to obtain and/or to provide any and all information and opinion which the Employer elects to obtain, use or provide in connection with my application for employment and/or any employment with the Employer, prior to, during and after my employment. Such information and opinion may be sought from any and all prior employers (except as noted above), schools or other persons or organizations who may have information the Employer deems relevant in connection with my application for employment and during my employment, and may be provided by the Employer in response to any request for information and opinion concerning my employment or my separation from employment with the Employer, to any and all banks or mortgage companies, governmental agencies, insurers, prospective employers or other schools, persons or organizations deemed appropriate for receipt of such information by the Employer. I understand that the Employer may provide any and all information and opinion, which may include, but is not limited to, opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold the Employer (including its principals, employees, agents, consultants, attorneys and insurers) and any such other employer, school, person or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action arising from any such provision or receipt of information and opinion, no matter what its character.

**I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGATED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED R AND D TRANSPORTATION, INC. POLICIES, AND THAT R AND D TRANSPORTATION, INC. DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, NOTICE OR PRIOR WARNING OR DISCIPLINE. I UNDERSTAND THAT NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS STATED IN THIS EMPLOYMENT APPLICATION.**

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Please read the following fully and carefully. If you have any questions or do not understand any of the Information contained in this form, PLEASE DON'T SIGN THE FORM until your questions have been answered and you fully understand the information and its implication regarding your employment/contract.

**Authorization and Informed Consent To Release and Discuss Motor Vehicle Records**

I, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First / Middle / Last Drivers License # State D.O.B.

**understand that my employer/prospective employer:**

**R and D Transportation Inc. 14021 Azurite St NW Ramsey MN 55303**

and its Insurance Carrier (hereinafter called "Insurer") have established standards for my Motor Vehicle Records (MVR), that must be met to qualify me to operate a vehicle insured on the Company's insurance policy and that certain violations may result in being disqualified for eligibility to be added to the Company's insurance policy. Therefore the Company must check each driver's MVR, and confirm that it is clear of any of the convictions for operating a motor vehicle that would disqualify a driver from eligibility. I understand that this means that the Company Name above, for which I drive, must obtain my MVR, and must maintain this on file in the company's records.

In addition, our Insurance Agency is required to check my MVR to confirm that my driving record meets the standards established by the insurer.

In consideration the foregoing, I understand that my eligibility to be a driver for R and D TRANSPORTATION insurer under the Company's Commercial business policy is contingent upon my having and maintaining a MVR which meets the standards of the Company and its Insurer. I also acknowledge that the information in my MVR will be used to determine my eligibility as a driver. Understanding of the foregoing, I provide my fully informed consent and authorization:

- 1) Our Insurance company releases any MVR that they have obtained to R and D TRANSPORTATION.
- 2) For R and D TRANSPORTATION to release an MVR to our insurance company that they may have otherwise have obtained.
- 3) For any Licensed Agent employed by our Insurance Company to fully disclose any information regarding my MVR to R and D TRANSPORTATION and discuss with them any and all information.

\_\_\_\_\_  
Drivers Printed Name

\_\_\_\_\_  
Drivers Signature Date

**TRAINING, DOT PHYSICAL & PRE-EMPLOYMENT DRUG SCREENING**

All qualified applicants must successfully complete training, DOT physical & a pre-employment drug screen before they can provide transportation for clients of R and D Transportation, Inc. All such training and testing is conducted in accordance with applicable federal, state, and local laws.

- Training will be provided by authorized R and D personnel only. Time spent in training must be documented as such on timecard.
- Applicants will be instructed on where to go to receive the DOT physical and the pre-employment drug screen.
- R and D Transportation covers the cost of the training, DOT Physical and Pre-Employment Drug screen with the contingency that the employee remains employed with R and D Transportation Inc for a minimum of six months after the date of signing authorization. In the event that employment ends before that six-month period, R and D Transportation Inc will recover the costs of these items by deducting the amount from the employee's final paycheck.
- All drivers are required to have current DOT Physical aka Health Certificate kept on file with R and D Transportation Inc. in order to provide transportation services. Typical renewal of the DOT Health Certificate is every two years. In some cases, it may need to be renewed every year or less. R and D Transportation will cover the cost of the DOT Health Certificate renewal. Should employment end within 6 months of the date of physical, R and D Transportation will deduct the amount from the employee's final paycheck.

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

\_\_\_\_\_  
Signature Date





Minnesota Department of **Human Services** \_\_\_\_\_

## CFC Background Study Data Collection Form

Please note that all of the following information (unless otherwise indicated) is required by the Bureau of Criminal Apprehension (BCA) or Federal Bureau of Investigations (FBI). \* Indicates that the field is optional.

**Please check one of the following:**

Applicant/License-Holder     Household Member     Other

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Prior Names and Aliases</b>			
<b>Date of Birth</b>	<b>* Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
<b>Eye Color</b>	<b>Hair Color</b>	<b>Height</b>	<b>Weight</b>
<b>Place of Birth</b>		<b>Telephone #</b>	
<b>Street Address</b>		<b>City</b>	
<b>State</b>	<b>Zip</b>	<b>County</b>	
<b>Driver's License # or MN State-issued ID #</b>	<b>Expiration Date of ID</b>	<b>* Social Security #</b>	

**Have you lived at the above address for over 5 years?**                      **Yes**                      **No**

**If no, please list all city and states where you lived within the last 5 years:**

City:	State:	Year From:	Year To:

## ACKNOWLEDGMENT

I acknowledge that I have read this form and that I have been notified of and understand that the Minnesota Department of Human Services needs this information to complete the background study.

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Signature

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Signature of Parent or Guardian (Required for Minors Only)

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Date

**Agency Use Only:**

**Verify identification (ID) for the subject of the background study. A list of acceptable forms of ID may be found on the DHS public website.**

**If the individual has lived outside of the state within the last five years, complete the Child Abuse Neglect Registry (CANR) process in the NETStudy 2.0 system.**

Attachment – Background Study Notice of Privacy Practices

July 8, 2016