



Ditch Witch® Employment Application



E-mail application along with your resume to: hrdwm@ditchwitchmidwest.com with desired position in the subject line.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address					
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No. (optional)		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
				YES	NO
Have you ever worked for this company?		YES	NO	If so, when?	
How did you learn about us?				Best time to contact _____ : _____ AM PM	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

REFERENCES	
<i>Please list two professional and one personal references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

EMPLOYMENT EXPERIENCE			
CURRENT EMPLOYER		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your CURRENT supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

SKILLS AND QUALIFICATIONS (BRIEFLY SUMMARIZE YOUR SPECIAL SKILLS & QUALIFICATIONS)**DRIVING HISTORY, EXPERIENCE AND QUALIFICATIONS**

Driver License	State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date From	Date To	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi-trailer				
Tractor- Two Trailers				
Other				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	PENALTY

CHECK HERE IF YOU NEVER HAD A CDL DRIVER'S LICENSE.

HAVE YOU EVER BEEN DENIED A DOT MEDICAL CARD?

YES NO

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES NO

HAS A LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, GIVE DETAILS BELOW

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We are proud to be an Equal Employment Opportunity, Drug-free Workplace and Veteran's Preference Employer

We consider applicants for all positions without regard to race, color, gender, marital status, religion, creed, national origin, political opinions or affiliations, the presence of a non-job-related medical condition or disability, Veteran status or any other legally protected status. In accordance with the Americans with Disabilities Act (ADA) we provide reasonable accommodation upon request. Drug-free Workplace Policy: We are a drug-free workplace. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty and (5) Random testing. Drug and alcohol testing of employees required to hold commercial driver licenses (CDLs) is conducted per federal law and regulation 49 CFR Part 382.103/107. All information provided is verified. If employed, this document becomes part of your permanent personnel file. Falsification of any information precludes you from or is grounds for immediate termination of employment.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized executive of this organization.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____

Typed name will serve as signature. Full signature may be required at time of interview or hire.

FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEWER	DATE

EMPLOYED YES NO DATE OF EMPLOYMENT _____

JOB TITLE _____ HOURLY RATE/SALARY _____

LOCATION _____ DEPARTMENT _____

BY _____ DATE _____
Name and Title

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