

# APPLICATION FOR EMPLOYMENT

Right-A-Way Applicators, Inc.  
281 County Road 19 - Cooperstown, ND 58425  
Phone. 888.700.0292 | Fax. 701.797.3348 | Website. [www.rawapplicators.com](http://www.rawapplicators.com)

## PERSONAL INFORMATION

Name    Date   
Last Name First Name Middle Name

Address      
Street City State ZIP

Note: Please include all addresses you resided at during the past 3 years. Attach a separate page if different from above.

Social Security No.  Date of Birth   
MM/DD/YYYY

Home Phone  Cell Phone  Other Phone

E-mail address:

Position(s) applying for  Desired Wage (\$/hour)

Are you currently employed?  Yes  No If yes, may we contact you at work?  Yes  No

Are you on "lay-off" and subject to recall?  Yes  No

Have you ever filed an application with us before?  Yes  No If yes, date applied:

Have you ever been employed with us before?  Yes  No If yes, dates employed:

How did you hear about this position?

Are you legally eligible for employment in this country? (Proof of citizenship or immigration status will be required upon employment.)  Yes  No

Type of employment desired?  Full Time  Part Time  Temp Other

Date available for work  Are you willing to travel?  Yes  No

Have you ever had any job-related training in the US military?  Yes  No

If yes, please describe

Are you physically able to perform the duties of the job for which you are applying?  Yes  No

Have you ever been convicted of a felony? (Conviction will not disqualify an applicant from employment.)  Yes  No

If yes, please explain:

**EDUCATIONAL BACKGROUND** Please indicate Name and Location of schools attended

High School

Name

Location (City/State)

Completed?  Yes  No

College/University

Name

Location (City/State)

Course of Study

Completed?  Yes  No

**DRIVING EXPERIENCE AND QUALIFICATIONS**

Do you have a current valid driver's license?  Yes  No

>> If yes: State:  Number:  Expiration Date:  Class:   
State:  Number:  Expiration Date:  Class:   
State:  Number:  Expiration Date:  Class:

Note: List each unexpired commercial motor vehicle license or permit that has been issued to you, including the state, number and expiration date.

Have you had any moving violations or accidents over the past 5 years?  Yes  No

>> If yes, please specify the date and nature of each incident, including any fatalities or injuries it caused:

Have you ever been convicted of reckless driving, driving under the influence of alcohol or had any license, permit or privilege denied, revoked or suspended to operate a motor vehicle?  Yes  No

>> If yes, please specify the date and nature of each incident (*attach a separate sheet if necessary*):

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you *did not* go to work for?  Yes  No

List the nature and extent of any truck driving or equipment operating experience.

### OTHER SKILLS AND QUALIFICATIONS

Do you have a current pesticide applicators license or ever been licensed to apply pesticides?  Yes  No

>> If yes, please explain (state, categories, duties, etc.)

Describe any specialized training, skills and qualifications that would qualify you for this position.

List any physical limitations (Diabetes, Heart Disease, Eyesight, Limb Impairment, Etc.)

Have you had any injuries?  Yes  No If yes, please explain:

Have you received worker's compensation?  Yes  No If yes, please explain:

How much time have you missed from work in the past 3 years due to injury or illness?

### REFERENCES

List the name, telephone number and address of three references who are not related to you and are not previous employers.

Reference #1	Name <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>	
	Relationship <input style="width: 95%;" type="text"/>	<small>(xxx) xxx-xxxx</small>	
	Address <input style="width: 45%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 45%;" type="text"/>		
	<small>City State ZIP</small>		

Reference #2	Name <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>	
	Relationship <input style="width: 95%;" type="text"/>	<small>(xxx) xxx-xxxx</small>	
	Address <input style="width: 45%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 45%;" type="text"/>		
	<small>City State ZIP</small>		

Reference #3	Name <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>	
	Relationship <input style="width: 95%;" type="text"/>	<small>(xxx) xxx-xxxx</small>	
	Address <input style="width: 45%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 45%;" type="text"/>		
	<small>City State ZIP</small>		

**EMPLOYMENT EXPERIENCE**

List three past employers starting with your present or last job. Include any job-related military service assignments and volunteer activities.

*NOTE: DOT requires that employment for the past 3 years and/or commercial driving experience for the past 10 years be shown. Attach a separate sheet if necessary.*

1) Company Name   
Full Address   
Position Held  Employment Dates - From  To   
Starting & Ending Salary/Wage  Supervisor's Name  Phone Number   
Work Performed

Were you subject to the Federal Motor Carrier Safety Requirements (FMCSRs) while in this position?  Yes  No  
Was this position regulated by the Department of Transportation and required alcohol and controlled substance testing?  Yes  No  
Reason for Leaving

2) Company Name   
Full Address   
Position Held  Employment Dates - From  To   
Starting & Ending Salary/Wage  Supervisor's Name  Phone Number   
Work Performed

Were you subject to the Federal Motor Carrier Safety Requirements (FMCSRs) while in this position?  Yes  No  
Was this position regulated by the Department of Transportation and required alcohol and controlled substance testing?  Yes  No  
Reason for Leaving

3) Company Name   
Full Address   
Position Held  Employment Dates - From  To   
Starting & Ending Salary/Wage  Supervisor's Name  Phone Number   
Work Performed

Were you subject to the Federal Motor Carrier Safety Requirements (FMCSRs) while in this position?  Yes  No  
Was this position regulated by the Department of Transportation and required alcohol and controlled substance testing?  Yes  No  
Reason for Leaving

May we contact the employers/supervisors listed above?  Yes  No

>> If no, please indicate which employer(s) you do not wish us to contact and a brief explanation.

Comments (Please include any gaps in employment or any other information you feel relevant regarding your previous employment.):

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**AGREEMENT** Please read carefully

I certify that all of the information given by me on this application is true and correct, and I understand that if any false information, omissions or misrepresentations are discovered, it will be sufficient cause for my not being hired or my dismissal if I am hired.

I agree, understand and authorize the Employer to investigate all references above to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree and understand that prior to my being employed I will be required to submit to pre-employment drug testing. Any confirmed positive test results will lead to rejection of my being hired. I further understand and agree to further periodic and random testing and examinations as may be required by the Company and that any refusal to take such tests and examinations will subject me to termination.

In the event of my employment, any company materials entrusted me during the course of my employment will be returned to the Company on the last day of my employment, whether I resign or am terminated. I agree and understand that should I be employed I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation in any manner whatsoever any confidential information concerning any matters affecting or relating to the business of the Employer. I further understand that I will be asked to sign a Confidentiality/Non-Complete Agreement as a condition of employment.

Additionally, in consideration of my employment, I agree to conform to the Company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company.

I have the right to review information provided by previous employers; the right to have any errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; and the right to have a rebuttal statement attached to the alleged erroneous information, if my previous employer and I cannot agree on the accuracy of the information.

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.

Do you accept the terms of this agreement?  Yes  No

I also hereby authorize RAW Applicators, Inc. to run a driving record, credit and/or background check.  Yes  No

Signature

Date

*To submit Employment Application Form:*

>> Mail to the address or fax to the number indicated on the top portion of the application.

>> Submit by email to [nzimprich@rawapplicators.com](mailto:nzimprich@rawapplicators.com)