



THOMPSON'S GARAGE DOOR AND OPENERS  
815 Minnesota Ave. S.  
Oronoco, MN 55960

(P) 507-281-1349

(F) 507-281-9627

Thompson's Garage Door and Openers Company is an employer committed to excellence. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national, or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all question; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume") Applications with missing information will not be considered for any position.

#### APPLICANT INFORMATION

Last Name				First				M.I.	Date			
Street Address								Apartment/Unit #				
City				State				ZIP				
Phone				E-mail Address								
Date Available				Desired Salary								
Position Applied for						How did you learn of this employment opportunity?						
Are you a citizen of the United States?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							
A valid driver's license is needed for employment. Do you give us consent to check your history?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If Yes, please provide License #, State, & Exp. date							

#### EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

#### REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							

Address			
Full Name		Relationship	
Company		Phone	
Address			
<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>DISCLAIMER AND SIGNATURE</b>			
I certify that my answers are true and complete to the best of my knowledge.			
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

## Commercial Driver Application Supplement

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

☐ Yes ☐ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

☐ Yes ☐ No

### License Information

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	D.O.B. / Exp. Date

### Driving Experience

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

### Accident Record for Past 3 Years or More (attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number Fatalities	Number Injuries	Hazmat Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

Date Convicted	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or prints)

(attach sheet if more space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?

☐ Yes ☐ No

If yes, explain \_\_\_\_\_

## Commercial Driver Inquiry Authorization

TO BE READ AND SIGNED BY COMMERCIAL DRIVER APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Thompson's Garage Door Company, Inc..

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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. Such information includes, if any, a resume or supplemental materials.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date