

# DRIVER'S APPLICATION FOR EMPLOYMENT

Gingerich Well & Pump Service, LLC  
1331 Hwy 1  
Kalona, IA 52247  
(319) 656 2664

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

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

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required of Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in attached job description)?

If yes, explain if you wish, \_\_\_\_\_

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# Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years, including military service. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer	Date	
Name	From	To
Address	Position Held	
City	State	ZIP
Contact Person	Reason for Leaving	
Phone Number		

Employer	Date	
Name	From	To
Address	Position Held	
City	State	ZIP
Contact Person	Reason for Leaving	
Phone Number		

Employer	Date	
Name	From	To
Address	Position Held	
City	State	ZIP
Contact Person	Reason for Leaving	
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Employer	Date	
Name	From	To
Address	Position Held	
City	State	ZIP
Contact Person	Reason for Leaving	
Phone Number		

\*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity required placarding.

Accident record for past 3 years or more (attach sheet if more space is needed) if none, write none

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

## Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 High School or GED: 1 2 3 4 College: 1 2 3 4

Last School Attended \_\_\_\_\_  
(Name) (City)

Areas of Concentration \_\_\_\_\_  
Degree(s), certificates,  
licenses, endorsements

ACT/SAT test taken \_\_\_\_\_ Score \_\_\_\_\_

## Experience and Qualifications – Driver

Driver Licenses	State	License No.	Type	Expiration Date

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

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

IF THE ANSWER TO EITHER A. OR B. IS YES, ATTACH STATEMENT GIVING DETAILS.

## Driving Experience if none, write none

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No of miles (total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motor coach – School Bus				
Other				

List States operated in for last five years \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

# Experience and Qualifications – Other

Show any trucking, transportation or other experience that may help in your work for this company

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List Courses and training other than shown elsewhere in this application

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List Special Equipment or technical materials you can work with (other than those already shown)

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## To be read and signed by applicant

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 authorize you to make such investigations and inquiries of 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 interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

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Date

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Applicant's Signature

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# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to ***Gingerich Well & Pump Service, LLC*** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 30002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_ In accordance with Section 391.23, Federal Department of Transportation  
Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_ In accordance with Section 391.25, Federal Department of Transportation  
Regulations, please furnish the undersigned with the employee's driving record for the past year.

Name of Applicant/Driver \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Former Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ License No. \_\_\_\_\_

REQUESTED BY

***Gingerich Well & Pump Service, LLC***

(Name of Company)

***1331 Hwy 1, Kalona, IA 52247***

(Address)

(Signature)

# BACKGROUND CHECK FORM

## Background Verification Disclosure

As part of the pre-employment relationship process, Gingerich Well & Pump Service, L.L.C., and its agents and employees may make investigative inquiries on my background and personal references. These investigative inquiries may include, but not limited to, information pertaining to your credit standing and capacity, character, reputation, personal traits, mode of living, past and present employers, reasons for termination and other descriptive qualities, criminal records, court records, education records, verification of social security number, vehicle registration, bankruptcy information, state licensing records, military records, property ownership, incarceration records, sex offender lists, neighbor interviews and personal references. It is understood that the willful suppression or intentional misrepresentation of any fact, supplied to Gingerich Well & Pump Service, L.L.C., by me, will, at the discretion of Gingerich Well & Pump Service, L.L.C., be considered bad faith and could terminate the proposed employment relationship with Gingerich Well & Pump Service, L.L.C.

## Authority to Release Information

I hereby authorize any officer, representative, contractor or vendor of Gingerich Well & Pump Service, L.L.C., bearing this authorization or a copy thereof, to conduct background investigations, including, but not limited to a national cross reference showing actual addresses, obtaining a consumer credit report and any other information regarding my driving history and records, criminal history and community standing. The report may include interviews with my neighbors, friends, associates, past and present employers and records of banking, financial statements, professional worker's compensation claims, military history, and civil and insurance claims. The information obtained is for the official use of Gingerich Well & Pump Service, L.L.C., and its officers and representatives. Consent is granted for Gingerich Well & Pump Service, L.L.C., and its officers, representatives and agents to furnish such information as described above to third parties in the course of fulfilling their official responsibilities. Please furnish the bearer of an original of this document or a copy thereof, with any information you have about me.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Driver's License and State

\_\_\_\_\_  
Addresses Resided for the last five (5) years

\_\_\_\_\_  
Have you ever been convicted of a serious misdemeanor or greater crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain fully here: \_\_\_\_\_

\_\_\_\_\_  
Are you currently under court supervision, probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the name of your probation or parole officer: \_\_\_\_\_

(Fax Cover Sheet for your convenience)

“YOUR WELL BEING OUR BUSINESS”

1331 Highway 1  
Kalona, IA 52247  
(319) 656-2664  
FAX (319) 656-2676  
(800) 356-2664

# Gingerich

Emery Gingerich  
Klint Gingerich  
Corwin Gingerich

**WELL & PUMP SERVICE, LLC**  
WELL DRILLING & REPAIR • PIPELINE TRENCHING

Faxing to: Gingerich Well & Pump Service, LLC  
Fax# (319) 656-2676 Phone# (319) 656-2664 Email: gingwell@kctc.net

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

Reg: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of pages: \_\_\_\_\_  
(including this one)

Date: \_\_\_\_\_