



**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: ( ) E-mail Address:

Position Applied For: Social Security No.: Desired Salary: \$

How did you learn about us? \_\_\_\_\_  
 When would you be available to work? \_\_\_\_\_

Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, may we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you travel if your job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently on a layoff and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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 yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

**Education**

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

**Indicate any foreign languages you can speak, read and/or write**

Language:	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and office held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

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**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Military Service**

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

*This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that 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 such change is specifically acknowledge in writing by an authorized executive of this organization.*

*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 the employer.*

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

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to: Heartland Industries, Inc. for the purpose of investigation as required by Section 391.23 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

1. In accordance with the provision of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify THAT THE INFORMATION REQUESTED BELOW WILL BE USED FOR A "PERMISSIBLE PURPOSE" AS DEFINED IN THE ACT and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date

TO: CO Brown Insurance Agency, Inc.  
1720 Adams Street  
Suite # 200  
Mankato, MN 56001

The following named person has made an application for a position within our office. As in accordance with Section 391.23 Federation Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

FULL NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

CURRENT DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

REQUESTED BY:  
Heartland Industries, Inc.  
4121 45<sup>th</sup> Avenue SE  
Willmar, MN 56201  
[Barbh@heartland-industries.org](mailto:Barbh@heartland-industries.org)

Driver safety rules will be issued and reviewed with each driver/operator operating company vehicles, leased/rented, or personal vehicles on company business.

1. The company endorses as company rules all applicable state motor vehicles regulations relating to driver responsibility.
2. All accidents, regardless of severity, must be reported.
3. No unauthorized riders, hitch-hikers, etc. are allowed in company vehicles.
4. Under no circumstances is a company vehicle to be driven by a non-employee except in emergencies, in case of repair testing by a mechanic.
5. Any driver who has a driver's license revoked or suspended shall immediately notify his/her supervisor and discontinue operation of the company vehicle. (NOTE: Operating a company vehicle or personal, leased/rented on company business while under a driver's license suspension, will result in termination of employment.)
6. Drivers must promptly report all summonses received for moving violations during the operation of a company vehicle to their supervisor.
7. Drivers should not operate a company vehicle for at least eight (8) hours after working fifteen (15) continuous hours.
8. No driver shall operate a company vehicle when his/her ability to do so safely has been impaired, affected, or influenced by alcohol, drugs, medication, illness, fatigue, or injury.
9. Each driver is responsible to ensure that his/her vehicle is in safe operating condition and is not allowed to operate the vehicle with defective steering or brakes or any other defect that would inhibit safe operation during current and foreseeable weather and light conditions.
10. Drivers are responsible to ensure the security of company vehicles. The vehicle engine must be shut off, ignition keys removed, transmission in park, reverse or low gear, parking brake applied, and vehicle doors locked whenever the vehicle is left unattended. If the vehicle is left with a parking attendant, only the ignition key is to be left.
11. Drivers must honor posted speed limits. In the event of adverse driving conditions, drivers are required to reduce speed to a safe operating speed that is consistent with the conditions of the road, weather, light, and traffic.
12. Drivers are required to maintain a safe following distance at all times. Drivers should keep a two (2) second interval between their vehicle and the vehicle immediately ahead. During slippery road conditions, the following distance should be increased to at least four (4) seconds.
13. Drivers must yield the right of way at all traffic controls, signals, and signs requiring them to do so. Drivers should also be prepared to yield for safety's sake, at anytime. Pedestrians and bicycles in the roadway always have the right of way.
14. Drivers are required to stay to the right at all times, except when passing in a legal passing zone or preparing for a left-hand turn.
15. All drivers and passengers, operating or riding in company vehicles, must wear seat belts and shoulder straps, if provided (even if air bags are installed). Failure to comply with this regulation will result in immediate termination.

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Employee

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Date

## Physical Job Requirements

Job Title \_\_\_\_\_  
 Date \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_

### Section I (to be completed by supervisor)

#### 1. Percent of time spent for each activity:

Sitting	10	%
Standing	20	%
Moving about	70	%

#### 2. Does the job require:

Talking	X	Yes	_____	No
Hearing	X	Yes	_____	No
Seeing	X	Yes	_____	No
Manual dexterity	X	Yes	_____	No
Finger dexterity	X	Yes	_____	No
Driving a motor vehicle	X	Yes	_____	No
Other	X	Yes	_____	No

#### 3. Job requires:

	Never	Occasionally	Frequently
Bend/stoop	_____	_____	_____
Climb stairs	_____	_____	_____
Reach above shoulder level	_____	_____	_____
Crouch	_____	_____	_____
Kneel	_____	_____	_____
Balance	_____	_____	_____
Push/pull	_____	_____	_____
Restraining	_____	X	_____

#### 4. Job requires carrying:

	Never	Occasionally	Frequently
Up to 10 lbs.	_____	_____	_____
10 to 50 lbs.	_____	_____	_____
50 or more lbs.	_____	X	_____

#### 5. Job requires lifting:

	Never	Occasionally	Frequently
Up to 10 lbs.	_____	_____	X
10 to 50 lbs.	_____	_____	X
50 or more lbs.	_____	X	_____

**Additional comments:** \_\_\_\_\_

**Section II to be completed by conditional hire**

Name of conditional hire: \_\_\_\_\_

Is there anything that would hinder you from performing the physical requirements described in Section I of this form?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please identify which aspects of the job would pose a problem for you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of conditional hire

\_\_\_\_\_  
Date

Fraud Claim: A person who submits and application or presents false information on a claim with intent to defraud against the employer is guilty of a crime.

**BACKGROUND CHECK PERMISSION (COMPREHENSIVE)  
FOR PROSPECTIVE EMPLOYEE**

In connection with my application for employment with Heartland Industries, Inc., I hereby agree as follows:

**1.GENERAL CONSENT TO BACKGROUND INVESTIGATION**

As a condition of Company's consideration of my employment application, I give permission to Company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

**2.CONSENT TO CONTACT PAST EMPLOYERS**

I specifically give permission to Company to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Company, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Company. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to Company. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

**3.CONSENT TO CONTACT GOVERNMENT AGENCIES**

I further give permission to Heartland Industries, Inc. to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate Company as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

**4. COOPERATION WITH INVESTIGATION**

I agree to fully cooperate in Company's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

**5.MISCELLANEOUS**

This Agreement represents the entire understanding and agreement relating to its subject matter. Company shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of employment and that Heartland Industries, Inc. may determine not to hire me for any lawful reason.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date