



Bus: (320) 363-6999 • Fax: (320) 363-6988 • Watts: (800) 505-9236

P.O. Box 7155, St. Cloud, MN 56302 • www.brennytransportation.com

You deserve Grand Champion Customer Service!

Application for Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date _____

Name: _____

Last

First

Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone No.: _____ Are you 18 years or older? Yes / No (circle one)

Email address: _____ Social Security Number: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Ever applied at Brenny before? Yes / No (circle one) When? _____

Referred by: _____

Currently employed? Yes / No (circle one) Where? _____

May we contact your employer? Yes / No Contact information: _____

Have you ever been dismissed, or asked to resign from any position? Yes / No (circle one)
If yes, please explain _____

EDUCATION	Name & Location of School	No of Years	Did you Graduate?
High School	_____	_____	_____
College	_____	_____	_____
Trade, Business	_____	_____	_____

GENERAL

Subjects of special study or research work _____

Special skills _____

US Military or Naval Service _____ Rank _____

Present Membership in National Guard or Reserves: Yes / No (circle one)

FORMER EMPLOYERS (list below three employers, starting with last one first)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
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From _____
To _____

From _____
To _____

From _____
To _____

Which of these jobs did you like best? _____
What did you like most about this job? _____

REFERENCES: Give names of three people not related to you, whom you have known at least one year

Name	Address	Business	Years Acquainted
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

*I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed. My employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's Culture and Expectations 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.

Signature: _____ Date: _____

Release and Consent Form

USIS/DAC Services

Disclosure and Release – DAC Services Reports

In connection with my application for employment (including contract for services with you), I understand consumer reports that may contain public record information may be requested from USIS/DAC Services, Tulsa, Oklahoma or any other agency contracted by Brenny Transportation, Inc. & Brenny Specialized, Inc. These reports may include the types of information listed below. I further understand that such reports may contain public record information concerning my driving record worker's compensation claims, criminal records and other records, etc., from federal, state and other agencies which maintain such records; as well as information from Brenny Transportation, Inc. & Brenny Specialized, Inc. or USIS/DAC Services concerning previous driving record requests made by others from such state agencies, Insurance agencies and state provided driving records. I also understand that I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and recipients of any reports on me which USIS/DAC has previously furnished within the two year preceding my request.

Applicant Name _____

SSN# _____

Drivers License Number _____ State _____

DOB _____

Address _____

City _____ State _____

Previous Address (complete only if above address is less than 10 years)

City _____ State _____

Telephone _____

The following reports may be requested:

Workers Comp Claims Employment History 20/20 Criminal Records Motor Vehicle Record

State Criminal Records Experian Credit Reports Sex Offender analysis CDL check

Authorization Statement

I hereby consent to the communication of results and other information acquired in the process between and among the Company, its agents, representatives and employees who have legitimate need to know. I understand that I am entitled to receive a copy of this authorization. I authorize Brenny Transportation, Inc. & Brenny Specialized, Inc., USIS/DAC Services, and any of its affiliates to perform any/all of the investigations mentioned in this authorization as need or required. I further authorize any companies, counties, or agencies to release information, up request, pertaining to me to Brenny Transportation, Inc & Brenny Specialized, Inc. or its authorized representatives.

Final Candidate Signature _____ Date _____