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Oberg Freight Company

22153 Old Hwy 169, Fort Dodge, Iowa 50501
515-955-3592

Application ID: 1714019729

Application For Employment

Job Applied For * | First Name * | Middle | Last Name * | Social Security No. *

Date of Birth * | Mobile Phone No. * | Other Phone No. | Email Address *

Present Address * | Address 2* | City * | State/Province * | ZIP * | County | Yrs at this address *

*If at current address less than 7 years, list below most recent addresses for the past 7 years.

Previous Address	Address 2	City	State/Province	ZIP	County	Yrs at this address

Commercial Driver's License

Name - Exactly as it appears on your driver's license * | Maiden or other name used

CDL Type * ○ A ○ B ○ C ○ None | Endorsements (check all that apply) ☐ H ☐ T ☐ N ☐ X ☐ P | License Expiration Date *

Air Brake Restriction? * ○ Yes ○ No | Automatic Transmission Restriction * ☐ Yes ☐ No | Years of CDL Experience

Current Driver's License Number * | Issuing State/Province * | Current DOT Medical Card * ○ Yes ○ No | DOT Medical Card Expiration Date

Driving/Hauling Experience

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp
Dry van		Doubles		Flatbed	
Tanker		Reefer:		Switching(yard tractor)	
Dump		CDL B			

Education

	Name and Location of School	Years Attended	Diploma/Certification
High school			

	Name and Location of School	Years Attended	Diploma/Certification
College			
Trade or Business School			

List special courses or training that will help you as a driver:

List driving awards held and who presented them:

Additional Licenses

List ALL additional licenses held in the past 5 years.

State/Province	License no.	Class	Endorsement(s)	Expiration date

Yes No - Has any license, permit, or privilege ever been suspended, revoked, or denied? *

Yes No - Have you ever been convicted for driving under the influence of drugs or alcohol? *

Yes No
- Have you ever tested positive or refused to test on any pre-employment drug and / or alcohol test administered by an employer to which you applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years? *

Yes No - Have you ever been convicted of a felony or misdemeanor? *

Accident Review For Past 5 Years

If no Accidents to report, you must check this box.

No Accidents to report.

Click on the Plus sign to add additional Accidents.

	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					Personal Commercial

Traffic Convictions & Forfeitures For Past 5 Years

If no Traffic Convictions or Forfeitures to report, you must check this box.

No Traffic Convictions or Forfeitures to report.

Click on the Plus sign to add additional Traffic Convictions or Forfeitures.

Location	Date	Charge(other Than Parking Violations)	Penalty

Employment History

You must provide accurate dates of employment and phone numbers covering the last ten years (per DOT regulation). We cannot hire you without verifying employment. If you need to list additional employers, click "Add Another Employer" below.

Are you currently working? ○ Yes ○ No

EMPLOYER #1

Company * | **Supervisor's Name** | **Supervisor Phone** | **Salary**

Street Address | **City** | **State/Province**

Position Held * | **From Date (mm/yy)** * | **To Date (mm/yy)** *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What? | **Number of Months:** | **Equipment**

Were you subject to the FMCSRs while employed by this employer? *

○ Yes ◉ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

○ Yes ◉ No

Employment Gap

Description of Gap (What were you doing during this gap?) * | **From Date (mm/yy)** * | **To Date (mm/yy)** *

May we contact current employer? ○ Yes ○ No

Authorization

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

☐ *I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

☐ * I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.
You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

☐ * Inquiry to Previous Employer

☐ * Previous Employer Inquiry For Driving History & Safety Performance

☐ * PSP Consent Form

☐ * Consent for Release of Info Form

☐ * Disclosure and Authorization Form

☐ * Pre-Employment Controlled Substance Consent Form

☐ * Fair Credit Reporting Act Consumer Rights

☐ * Drivers Rights Pertaining to Release of Information under Regulation 391.23

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name*	**Signature***	**Date**
		2024-04-25 04:35:29