

# DUSTROL, INC.

## EMPLOYMENT APPLICATION

1200 E. Main, Towanda, KS · 2801 Hwy 114, Ft. Worth, TX · 3505 Lee Blvd., El Paso, TX  
2626 McCormick Ave., Pueblo, CO · 7990 N. 56<sup>th</sup>, Lincoln, NE

It is the policy of Dustrol, Inc. to assure that qualified applicants are considered without regard of race, color, sex, religion, age, national origin, disability or veteran status.

(Please Print Clearly In English)

Date of Application \_\_\_\_\_ Position(s) Applied For \_\_\_\_\_

NOTE: After 60 days application will be considered inactive

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Last) (First) (Middle) (Area Code)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Street) (City) (State and Zip Code)

In case of emergency notify \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Name) (Area Code)

When can you begin employment? \_\_\_\_\_ Can you provide proof you are 18 years of age or older? \_\_\_\_\_

Rate of pay expected \_\_\_\_\_ Do you have the legal right to work in the United States? Yes \_\_\_ No \_\_\_

Have you previously worked for Dustrol, Inc.? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Who referred you? \_\_\_\_\_

### EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
(name) (city)

List Hobbies \_\_\_\_\_

List special equipment, vehicles, safe driving awards, training or other qualifications \_\_\_\_\_

### EMPLOYMENT HISTORY - provide employers, most recent first, for the preceding 3 years.

EMPLOYER	DATE
NAME	FROM : TO: MO. YR MO YR
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
YES NO SUBJECT TO FEDERAL MOTOR CARRIERS SAFETY REGULATIONS CONTACT PERSON	REASON FOR LEAVING
YES NO SUBJECT TO ALCOHOL AND DRUG TESTING	

EMPLOYER	DATE
NAME	FROM : TO: MO. YR MO YR
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
YES NO SUBJECT TO FEDERAL MOTOR CARRIERS SAFETY REGULATIONS CONTACT PERSON	REASON FOR LEAVING
YES NO SUBJECT TO ALCOHOL AND DRUG TESTING	

Please continue to reverse side

Revised 1-2014



**DUSTROL, INC.**  
**DRIVER EMPLOYMENT APPLICATION SUPPLEMENT**  
 (Required for all Dustrol vehicle drivers)

Applicant Name \_\_\_\_\_

**ADDRESS  
FOR PAST  
THREE  
YEARS** }

\_\_\_\_\_  
 STREET CITY STATE & ZIP CODE

\_\_\_\_\_  
 STREET CITY STATE & ZIP CODE

HOW LONG? \_\_\_\_\_

HOW LONG? \_\_\_\_\_

Date of Birth (required for driver applicants) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of last Department of Transportation physical \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Drivers License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

No  Yes – give details \_\_\_\_\_

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

No  Yes – give details \_\_\_\_\_

**DRIVING HISTORY: List all motor vehicle accidents and violations**

City and State Location	Date	Violation	#Injuries	#Fatality	Hazardous Material Release
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

**PREVIOUS EMPLOYERS IN ADDITION TO THOSE LISTED ON PREVIOUS PAGE**

(must give a total 10 years employment history):

EMPLOYER	DATE
NAME	FROM: TO: MO. YR MO YR
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
YES NO SUBJECT TO FEDERAL MOTOR CARRIERS SAFETY REGULATIONS YES NO SUBJECT TO ALCOHOL AND DRUG TESTING	CONTACT PERSON REASON FOR LEAVING

EMPLOYER	DATE
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ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
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EMPLOYER	DATE
NAME	FROM: TO: MO. YR MO YR
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
YES NO SUBJECT TO FEDERAL MOTOR CARRIERS SAFETY REGULATIONS YES NO SUBJECT TO ALCOHOL AND DRUG TESTING	CONTACT PERSON REASON FOR LEAVING

APPLICANT NAME \_\_\_\_\_

EMPLOYER		DATE	
NAME		FROM:	TO:
		MO.    YR	MO    YR
ADDRESS		POSITION HELD	
CITY		STATE	
		ZIP	
YES   NO   SUBJECT TO FEDERAL MOTOR CARRIERS SAFETY REGULATIONS	CONTACT PERSON	REASON FOR LEAVING	
YES   NO   SUBJECT TO ALCOHOL AND DRUG TESTING			

EMPLOYER		DATE	
NAME		FROM:	TO:
		MO.    YR	MO    YR
ADDRESS		POSITION HELD	
CITY		STATE	
		ZIP	
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