



(01/2008)

APPLICATION FOR EMPLOYMENT

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
A DRUG FREE WORKPLACE, WE REQUIRE
PRE-EMPLOYMENT TESTING**

PLEASE PRINT- TO BE CONSIDERED FOR EMPLOYMENT, ALL ITEMS MUST BE COMPLETE

Position desired: _____ Today's Date: _____ Date Available: _____

Location desired: Mpls (Sales/Service) _____ Mpls (Parts) _____ Lauderdale (HT Sls/Svc) _____
 Sioux Falls _____ Rogers _____ Savage _____ Duluth-Superior _____

Shift desired: 1st _____ 2nd _____ 3rd _____ Any _____

PERSONAL DATA

Name _____
 (Print) Last Name First Middle

Present Address: _____
 Street & Number

City State Zip

Social Security Number: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

Are you 18 years of age or older? Yes _____ No _____
 Are you legally authorized to work in the United States? Yes _____ No _____

Have you ever worked here before? Yes _____ No _____
 If yes, give dates and position: _____

Do you have any friends or relatives, working here?
 Yes _____ No _____ If yes, Name: _____ Relationship? _____

How did you hear of the position available? Newspaper ad _____ GMADA _____ Internet _____
 Mn WorkForce Center _____ School _____ School Name _____

Referred by: _____

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Do you have a valid driver's license? Yes _____ No _____ Class: A ___ B___ C___ D___

License No. _____ State Issued _____ Expiration Date _____

Have you been cited for a traffic violation of any kind? Yes _____ No _____

If yes, date of violation: _____ Type of Violation: _____

Have you ever been convicted of any crime? (INCLUDES MISDEMEANORS) Yes _____ No _____

If yes, date: _____ Conviction: _____

Disposition: _____

(NOTE: Answering "yes" to this question does not constitute an automatic bar to employment-all circumstances are considered.)

Have you ever tested positive/refused to test on any DOT pre-employment drug or alcohol test for a DOT employer during the past two (2) years: Yes _____ No _____

College	Name Address		Yes ___ No ___	
Vocational or Trade	Name Address		Yes ___ No ___	
Other Education or Training				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of all of your previous employers in order with present or last employer first.

Do not omit any past employer. Be sure to account for all periods of time including military service, and periods of unemployment. *If more space is needed, please attach an additional sheet.*

<u>Name of Last employer</u>	<u>Employed</u> From: mo./yr.	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for</u> <u>Leaving</u>
<u>Address</u>	To: mo./yr.	Final \$	<u>Name of Last</u> <u>Supervisor</u>	
<u>Telephone</u>				
<u>Name of Last employer</u>	<u>Employed</u> From: mo./yr.	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for</u> <u>Leaving</u>
<u>Address</u>	To: mo./yr.	Final \$	<u>Name of Last</u> <u>Supervisor</u>	
<u>Telephone</u>				

<u>Name of Last employer</u>	<u>Employed</u> From: mo./yr.	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for</u> <u>Leaving</u>
<u>Address</u> <u>Telephone</u>	To: mo./yr.	Final \$	<u>Name of Last</u> <u>Supervisor</u>	
<u>Name of Last employer</u>	<u>Employed</u> From: mo./yr.	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for</u> <u>Leaving</u>
<u>Address</u> <u>Telephone</u>	To: mo./yr.	Final \$	<u>Name of Last</u> <u>Supervisor</u>	
<u>Name of Last employer</u>	<u>Employed</u> From: mo./yr.	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for</u> <u>Leaving</u>
<u>Address</u> <u>Telephone</u>	To: mo./yr.	Final \$	<u>Name of Last</u> <u>Supervisor</u>	
<u>Name of Last employer</u>	<u>Employed</u> From: mo./yr.	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for</u> <u>Leaving</u>
<u>Address</u> <u>Telephone</u>	To: mo./yr.	Final \$	<u>Name of Last</u> <u>Supervisor</u>	
<u>Name of Last employer</u>	<u>Employed</u> From: mo./yr.	<u>Pay</u> Start \$	<u>Your Position(s)</u>	<u>Reason for</u> <u>Leaving</u>
<u>Address</u> <u>Telephone</u>	To: mo./yr.	Final \$	<u>Name of Last</u> <u>Supervisor</u>	

Have you ever been discharged, laid off, or asked to resign from any job? Yes _____ No _____ If yes, please explain circumstances: _____

Please explain fully any periods in your employment history where you were not employed: _____

May we contact your current employer? Yes _____ No _____ If no, please explain: _____

PLEASE CONTINUE>>>>>>>

PERSONAL REFERENCES

Please list persons who have known you for at least one year – (Do NOT include relatives or previous employers).

Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known

I certify that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me will be withdrawn, and if I have already been hired, my employment will be terminated.

I understand that any offer of employment by this dealership is contingent upon (1) my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any pre-placement physical exam and/or drug/alcohol test that may be required by the dealership, and (3) proof of a valid driver’s license and satisfactory driving record.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. Unless I am covered by a collective bargaining agreement containing a contrary provision, I also understand that the dealership has the same right to terminate my employment at any time and for any reason. I understand that no one employed by the dealership has the authority to modify these conditions, except in a written document signed by the president of the company.

I authorize this dealership and its representatives to make an investigation of my past employment and educational background, including but not limited to the reason for termination of employment. I authorize any past and present employer, and educational institution, to release all persons, past and present employers, and educational institutions from any liability to me if they supply information to this dealership as part of its investigation.

My signature reflects that I have read, understood, and have agreed to these terms and conditions. I understand that this application will be considered active for only ninety (90) days, and that if I wish to be considered for employment after that time, I must submit a new application.

Applicant Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION POLICY STATEMENT

01/2008

This statement is to reaffirm Boyer Ford Trucks, Inc.’s dba Boyer Trucks Lauderdale, Boyer Truck Parts, Boyer Trucks Rogers, Boyer Trucks Savage; Boyer Trucks Sioux Falls, Inc; Duluth-Superior, hereafter referred to as “The Company”, policy of providing Equal Employment Opportunity to all job applicants and incumbent employees. The policy is in accordance with all applicable Equal Employment Opportunity / Affirmative Action (EEO/AA) laws, directives, or regulations of Federal, State, and Municipality, or agency thereof; specifically, Minnesota Statue 363, Executive Order 11246, as amended; Section 503 of the Rehabilitation Act of 1973,

PLEASE CONTINUE >>>>>

as amended; the Vietnam Era Veteran's Readjustment Act of 1974, as amended; (38 USC 2012), the City of Minneapolis ordinance numbers 139.5 and 141, and their implementing regulations, and Section 183.04 of the Saint Paul Legislative Code.

"The Company" will not discriminate against or harass any employee or applicant applying for employment because of that person's race, creed, color, religion, gender, age, disability, ancestry, national origin, affectional preference, military status, marital status, or individual's public assistance status, sexual orientation, or familial status.

"The Company" will affirmative action for the purpose of ensuring that all policies and practices of the company are free from such discrimination. Such employment practices include all of the following: employment, promotion, transfer, layoff, termination, rates of pay, and selection for participation in company sponsored training programs.

"The Company" forbids the sexual or racial harassment of any employee or applicant for employment.

"The Company" will take affirmative action to afford women and minority business enterprises (W/WBE's) full opportunity to participate in conducting the activities of the company, which execute the terms of this contract with the Federal Government. "The Company" full supports incorporation of non-discrimination and Affirmative Action rules and regulations into contracts.

"The Company" believes that equal employment opportunity is achieved through well designed, well implemented, and well-administered plans. Specifically required are; recruitment of minorities and women for positions at all levels within the company. "The Company" has committed the necessary time, human and financial resources for the purpose of achieving the EEO/AA goals specified in the AAP.

"The Company" will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these affirmative action objectives as well as other established criteria. Any employee of "the Company", or subcontractor to "the Company", who does not comply with the equal opportunity policies and procedures as set forth in this statement and plan will be subject to disciplinary action. Any subcontractor not complying with all applicable EEO/AA Laws, directives and regulations for the Federal, State, and Local governing bodies or agencies thereof, specifically Minnesota Statue 363 will be subject to appropriate legal sanctions.

"The Company" has appointed Peg Kidney, Human Resource Manager, to manage the Affirmative Action and Equal Employment Opportunity Program. Responsibilities include monitoring all equal employment opportunity activities and reporting the effectiveness of the EEO/AA Program, as required by Federal, State, and Local agencies. The President of the Company will receive and review reports on the progress of the program. If any employee or applicant for employment believes he/she has been discriminated against, please contact Peg Kidney, 2601 Broadway Rd NE, Minneapolis, MN 55413 (Telephone 627-5537).

DRUG AND ALCOHOL POLICY STATEMENT

In keeping with Boyer's efforts to provide a healthy and safe drug-free and alcohol-free workplace environment, "The Company" maintains a policy regarding the use of controlled substances and alcohol. This policy applies to all employees, including part-time and full-time employees.

"The Company's" policy states:

Employees are expected and required to report to work in a mental and physical condition that enables them to perform their duties without impairment.

The unlawful or unauthorized use, possession, manufacture, sale, transportation, or other distribution of alcohol, controlled substances, or drug paraphernalia while on duty, on Company or customer premises, parking lots, or in any Company-owned or leased vehicle, is prohibited.

PLEASE CONTINUE>>>>>>

Our definition of alcohol includes any beverage or medication that contains alcohol. Boyer will conduct drug and/or alcohol testing on covered employees in the following circumstances:

- reasonable suspicion, including accident and injury (alcohol and drugs)
- random (drug testing for employees in safety-sensitive positions)
- treatment program testing (drug testing before returning to duty)
- follow-up testing (drug testing for two years after returning to work)

Effective immediately all applicants for employment who are offered a job will be required to provide a negative result on an initial pre-employment drug test. An adulterated specimen, positive or dilute specimen will result in the job offer being withdrawn.

Boyer is conducting tests for the following drugs: marijuana, cocaine, amphetamines (and methamphetamines), opiates and phencyclidine (PCP).

Boyer reserves the right to change and update this Drug and Alcohol Policy. The most recent copy of our policy is available for inspection during regular business hours in the Human Resource Office.

No employee will be tested without his/her consent. However, a refusal to submit to testing will be considered a voluntary resignation.

DOT covered employees are also subject to testing under Boyer’s separate policy to comply with federal DOT rules and regulations. Applicants who tested positive or refused to test for a DOT employer during the past two (2) years will not be considered for employment until or unless he/she successfully completes DOT return to duty process.

ACKNOWLEDGMENT

I _____,
Printed applicant name

an applicant for employment with Boyer Trucks, Inc acknowledges that I have read the Equal Employment Opportunity/Affirmative Action Policy Statement and the Drug & Alcohol policy statements. My signature indicates that I understand the statements and agree to abide by all provisions related to there statements.

Applicant Signature

Date

Boyer Trucks Human Resource Manager

Date