

14461 Lake Drive NE  
Columbus, MN 55025



7870 218<sup>th</sup> St  
Lakeville, MN 55044

### Employment Application

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) (HOW LONG?)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

#### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) (HOW LONG?)

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) (HOW LONG?)

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) (HOW LONG?)

#### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO	TYPE	EXPIRATION DATE

ENDORSEMENTS: \_\_\_\_\_

#### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO
				YES	NO

MAILING: PO BOX 383, FOREST LAKE, MN 55025  
PHYSICAL: 14461 LAKE DR NE, COLUMBUS, MN 55025  
24/7 DISPATCH: 651-329-5555  
WWW.DAVIDSHYDROVAC.COM / INFO@DAVIDSHYDROVAC.COM  
REVISION DATE: 3-29-23 JB



**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO  
If yes, please explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? YES NO  
If yes, please explain \_\_\_\_\_

**EMPLOYMENT RECORD**  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

Gap Explanation: (explain any 30+ day gap from last employer to present)

\_\_\_\_\_  
 LAST EMPLOYER: \_\_\_\_\_  
 SUPERVISOR NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO  
If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES DRIVEN DURING EMPLOYMENT		APPROXIMATELY NUMBER OF MILES TOTAL
		FROM:	TO:	

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

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Gap Explanation: (explain any 30+ day gap from last employer to present)

\_\_\_\_\_  
LAST EMPLOYER: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO  
If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES DRIVEN DURING EMPLOYMENT		APPROXIMATELY NUMBER OF MILES TOTAL
		FROM:	TO:	

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Gap Explanation: (explain any 30+ day gap from last employer to present)

\_\_\_\_\_  
LAST EMPLOYER: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO  
If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES DRIVEN DURING EMPLOYMENT		APPROXIMATELY NUMBER OF MILES TOTAL
		FROM:	TO:	

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

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Explanation: (explain any 30+ day gap from last employer to present)

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LAST EMPLOYER: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO  
If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES DRIVEN DURING EMPLOYMENT		APPROXIMATELY NUMBER OF MILES TOTAL
		FROM:	TO:	

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

I certify that I have provided all employers in the previous 3 years and any periods of employment regulated by the Department of Transportation in the previous 10 years. No other employers were regulated under DOT/FMCSA in the previous 10 years \_\_\_\_\_  
(Initial)

### EDUCATION

High School:	Location:
From:                      To:	Did you graduate?      YES      NO

College:	Location:
From:                      To:	Did you graduate?      YES      NO
Degree:	

### REFERENCES

Name:	Relationship:
Company:	Phone:
Name:	Relationship:
Company:	Phone:
Name:	Relationship:
Company:	Phone:

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**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make such investigations and inquiries to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.**

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 Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e.) I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

## Core Values and Supplemental Questionnaire

**Extended Employee:** Here at DHV™ we view ourselves as an **Extended Employee**. We are more involved with our customers, we have a better understanding of projects, and we can often offer helpful advice from previous experiences. We understand that being willing, flexible, and approachable develops continuity. We offer a premium service which allows us to develop long lasting relationships with our customers.

**Integrity:** **Integrity** is how Davids™ maintains the high standard of excellence. Being up front and honest about our work and the value it brings to our customers, following through on all projects and never saying no when times get tough. We are a driven team and committed to doing the right thing for both the customer and the company. With a crew of employees that take pride in their work, we hold each other accountable for our actions and to ultimately follow through with what we say we are going to do.

**Safety:** With **Safety** in mind all the time at Davids™, we communicate all the needs of the customers with our employees with thorough training to be prepared so we can respond in a timely fashion. We as a company are cautious with every aspect of the job. We are aware of the dangers with everyday life, and we listen to all input. We as a company are not afraid to discipline anyone that does not follow the high standard that we set forth.

**Atmosphere:** The passionate **Atmosphere** here at DHV™ is family and team oriented. We employ the work hard- play hard mentality while setting clear expectations that anything less than 100 percent is not good enough. We are dedicated to continuously improve and strive toward perfection. Our enthusiastic staff displays an impressive amount of positive energy while keeping the customers profitability in mind. We enjoy celebrating our victories and promote within. Our work is impressive, and our employees are very resourceful, all while providing ultimate transparency.

**Setting the Bar :** Davids™ is **SETTING THE BAR** with our confidence, quality and knowledge. We have positive work habits which show in our efficient and timely work practices; thus, creating value for our customers. We are consistent and wise when it comes to anticipating our customers' needs. And all of this starts when we arrive at the shop and continues until we leave the shop.

### Questionnaire:

Do you have a clean driving record for the last 5 years? If not, please explain.

Do you have any experience in outdoor work environments such as construction/landscaping, utilities, etc.? We work year-round in all weather conditions.

Do you have, or are you willing to obtain a CDL-A Permit or license within 2 months of joining our team?

Attendance is paramount at DHV®. Do you have reliable transportation to and from our Columbus and/or Lakeville facilities?

Do you have a mechanical aptitude? Part of the laborers position is to help recognize mechanical issues before they become a problem - grease the equipment, perform small maintenance tasks, etc.

Do you have any equipment experience such as skid steer loaders?



### **Background, MVR, Consumer Reports Acknowledgement**

As part of our employment process, we may obtain, where permitted, one or more consumer reports or investigate consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business  
1716 Briarcrest Drive  
Suite 200  
Bryan, Texas 77802

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the Federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR SS 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. SS 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR SS 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of that document entitled, "Rights Under the Fair Credit Reporting Act." Under the FCRA, before we take adverse action on the basis, in whole or in part, of the information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

I have read and understand the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. SS 1681 et seq., the regulations applicable to the Federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR SS 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws. I hereby authorize and permit the above-named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information, including former employers, and/or from or through consumer reporting agencies, such as iiX, a Verisk Analytics Business.

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I understand and acknowledge that the information provided in the consumer reports or investigate consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that under the FCRA, in the event of adverse action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant's/Employee's Full Name (Please print clearly)

\_\_\_\_\_  
Applicant's/Employee's Signature

\_\_\_\_\_  
Date of Signature

Applicants: Check here to have a copy of your consumer report sent directly to you. If you wish to receive a copy, you must complete the information below. Please print clearly. If this block is marked, **prospective employer or employer should return this form to iiX** via fax to (201) 748-1449 within **24 hours** of the request for the report.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State) (Zip Code)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(SS Number)

\_\_\_\_\_  
(Drivers License)

\_\_\_\_\_  
(State of Issue)

\_\_\_\_\_  
(Employer or Prospective Employer)

\_\_\_\_\_  
iiX Customer Name

\_\_\_\_\_  
iiX Customer No.

\_\_\_\_\_  
Date of Request

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**Affirmative Action Program Applicant Information Form**

Davids Hydro Vac, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made as part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

**Section 1: General Application Information**

Name: _____	Date: _____
Position Applied For: _____	

**Section 2: Please check all that apply.**

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> I am a Veteran <input type="checkbox"/> I am not a Veteran

<input type="checkbox"/> I do not wish to Self-Identify
<b>Signature:</b> _____