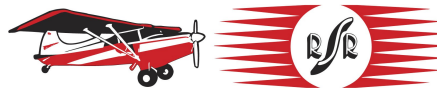


EMPLOYMENT APPLICATION



RED RIVER SUPPLY, INC.

1202 East Broadway • Williston, ND 58801 • 701.774.3904

Name _____ Social Security Number _____ - _____ - _____

Address _____ Date of Birth _____

City, State, Zip _____ Telephone _____

Email Address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

RESIDENCE (last three years)

Street Address _____ City _____ State _____ Months/Years _____ / _____

Street Address _____ City _____ State _____ Months/Years _____ / _____

Street Address _____ City _____ State _____ Months/Years _____ / _____

COMPANY EXPERIENCE

Have you worked for this company before? Yes No If yes, please provide:

Dates: From _____ To _____

Where _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? Yes No If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you graduate?	Course or Major
College			
Technical School			
High School			
Other			

PAST EMPLOYMENT APPLICATION

Please include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet.*

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PAST EMPLOYMENT INFORMATION

Please include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet.*

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any DOT regulated made subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK REFERENCES

Name	Years Known	Relationship and Title	
Company			
Work Address/City/ST		Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address/City/ST		Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address/City/ST		Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address/City/ST		Home Phone	Work Phone

Special Skills

Please check the Skills for which you have received training:

Word Processing (WPM _____) Data Entry 10-Key Calculator

Software Packages: _____

Programming Languages: _____

Database: _____

Manufacturing Equipment: _____

Other: _____

Background Information

Have you ever been convicted of a felony? ___ Yes ___ No

If YES, PLEASE EXPLAIN: _____

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? ___ Yes ___ No

If YES, GIVE DATE AND NAME OF EMPLOYER: _____

TO BE READ AND SIGNED BY THE APPLICANT

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Red River Supply: 1) the right to review information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Red River Supply; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Red River Supply, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Red River Supply will provide this information to me within five business days of receiving my written request. If Red River Supply has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when Red River Supply receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of Red River Supply making them available, Red River Supply may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature