



**Lehrkinds Inc.
DBA**

Lehrkinds Coca-Cola
1715 N. Rouse Ave.
PO Box 10580
Bozeman, MT 59715

Mountain Country Distributing
2705 Airport Rd.
PO Box 538
Helena, MT 59624

Big Spring Water
201 1st Ave. North
Lewistown, MT 59457

APPLICATION FOR EMPLOYMENT

Name _____ PHONE (____) _____
(First) (Middle) (Last)

Address _____ How Long? _____
(Street) (City) (State + Zip Code)

Date of Birth ____/____/____ Social Security _____

Addresses _____ How Long? _____
for the past (Street) (City) (State + Zip Code)
three years:

(Street) (City) (State + Zip Code) How Long? _____
(Street) (City) (State + Zip Code)

(Attach sheet if more space is needed)

Please Print or Type

Position Applying for: _____ **Date of Application:** / /

in Bozeman _____ **Helena** _____ **Lewistown** _____

Have you ever filed an application with us before?

Have you ever been employed with us before?

Are you currently employed?

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

(Proof of citizenship or immigration status will be required upon employment) Yes _____ No _____

On what date would you be available to begin work? ____/____/____

Wage expected? \$ _____ hr/mo/annual

Are you currently on "Lay-off" status and subject to recall? Yes _____ No _____

Can you travel if a job requires it? Yes _____ No _____

Have you been convicted of a felony within the last 7 years? *(Conviction will not necessarily disqualify an applicant from employment)* Yes _____ No _____

Do you hold a valid driver's license? Yes _____ No _____ State: _____ License Number: _____

If you are a referral, please provide the name or referral reference:

Education:

Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School			
High School			
College			
Other (Please specify)			

Employment History (Attach sheet if more space is needed):

NOTE: DOT requires employment for at least 3 years and/or Commercial Driving experience for the past 10 years is shown.

LAST EMPLOYER _____ SUPERVISOR NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ WAGE/SALARY _____
REASON FOR LEAVING _____

SECOND TO LAST EMPLOYER _____ SUPERVISOR NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ WAGE/SALARY _____
REASON FOR LEAVING _____

THIRD TO LAST EMPLOYER _____ SUPERVISOR NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ WAGE/SALARY _____
REASON FOR LEAVING _____

Information:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Especially skills in areas other than the primary skill applied for on this application (multi-skill).

Special Licenses

State any additional information you feel may be helpful to us in considering your application.

Pertaining to the job for which you are applying:

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes _____ No _____

References: Give the names of three persons not related to you, whom you have known for at least one year.

NAME: _____

ADDRESS: _____ STATE: _____ ZIPCODE: _____

POSITION: _____ TELEPHONE: _____

NAME: _____

ADDRESS: _____ STATE: _____ ZIPCODE: _____

POSITION: _____ TELEPHONE: _____

NAME: _____

ADDRESS: _____ STATE: _____ ZIPCODE: _____

POSITION: _____ TELEPHONE: _____

THIS SECTION TO BE COMPLETED BY DRIVER APPLICANTS ONLY

Driver Experience and Qualification:

Driver Licenses:	State	License No.	Type	Expiration Date

Class of Equipment:

	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From To	Approx. No. of Miles (TOTAL)
	STRAIGHT TRUCK		
	TRACTOR & SEMI-TRAILER		
	TRACTOR-TWO TRAILERS		
	OTHER		
	OTHER		

Accident Record for past 3 years or more (Attach sheet if more space is needed):

	Date	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the past 3 years other than parking violations (Attach sheet if more space is needed):

Location	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.

TO BE READ AND SIGNED BY APPLICANT

This certifies this application was completed by me and that all information is complete and accurate to the best of my knowledge.

_____/_____/_____
Applicant's Signature Date

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