

**FALKSTONE LLC**  
**141 W. 4<sup>th</sup> St., PO Box 189**  
**St. Ansgar, IA 50472**  
**Phone (641)713-4569 Fax (641)713-3200**

**EMPLOYMENT APPLICATION AGREEMENT**

I authorize investigation of all job related information contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_

Print First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Last Name

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**PRE-EMPLOYMENT DRUG & ALCOHOL TESTING  
NOTIFICATION AND CONSENT**

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). I also understand that I will be placed on the employee alcohol random testing program and will be required to submit to an alcohol test should my name be selected. This test will be completed while the employee is currently working on the job.

I understand that, if I test positive for use of controlled substances or alcohol, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test results were negative or positive. The results of any tests will not be released to any additional parties, except as provided in s 40.37, without my written authorization.

I hereby agree to submit to urine & alcohol drug tests.

Print Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FALKSTONE LLC IS AN  
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

PERSONAL DATA

Please print. Answer all question and use the words “no or “none” when necessary. All information will be kept confidential.

Name: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_)\_\_\_\_\_

Present Home Address: \_\_\_\_\_

Email Address:\_\_\_\_\_

Can you legally work in the United States? \_\_\_\_\_ yes \_\_\_\_\_ no

Type of position desired: \_\_\_\_\_ Who referred you to our company?  
\_\_\_\_\_

List of friends or relatives employed by our company:  
\_\_\_\_\_

Have you been employed by Falkstone before? \_\_\_\_\_

Have you applied to Falkstone before? \_\_\_\_\_ Date available for employment: \_\_\_\_\_

List any special skills or equipment you operate:  
\_\_\_\_\_  
\_\_\_\_\_

If applying for a driving position, please answer the following:

What type driver’s license do you have?

\_\_\_\_\_ Operator State: \_\_\_\_\_

\_\_\_\_\_ CDL – classification \_\_\_\_\_ License No. \_\_\_\_\_

In case of emergency, Notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

EMPLOYMENT BACKGROUND

Indicate present or last employer first.

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Yearly base salary: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Describe beginning and final title and duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Yearly base salary: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Describe beginning and final title and duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Yearly base salary: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Describe beginning and final title and duties: \_\_\_\_\_

\_\_\_\_\_

Desired salary range:

From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

May we contact your present employer?

\_\_\_\_\_ yes \_\_\_\_\_ no

MILITARY SERVICE – U.S. ARMED FORCES

Branch: \_\_\_\_\_

Reserve Status: \_\_\_\_\_ Active - Obligation: \_\_\_\_\_

\_\_\_\_\_ Inactive

\_\_\_\_\_ Other – Explain: \_\_\_\_\_

## EDUCATION

### High School:

Name & Location: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

### Colleges:

Name & Location: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

### Others:

Name & Location: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

### List extracurricular activities and/or offices held:

High School: \_\_\_\_\_

College: \_\_\_\_\_

## AUTHORIZATION TO OBTAIN DRIVERS LICENSE HISTORY

In accordance with applicable state and federal laws, I do hereby authorize Falkstone LLC to obtain a copy of my driver's license history. I understand that my driver's license history will be reviewed by Falkstone LLC for employment purposes. I further understand that this is a continuing authorization and, if hired, the company can review my record at any time during my employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Issued