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Bikeman Transport 20 NW 5th Ave Forest Lake, MN, 55025 (651) 300-3722

2024 Employment Application

Bikeman Transport is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

General Applicant Information

	Code): Email:		
		Date Applied:	
Desired Salary: Date Available to Start:			
Are you legally eligible to work i	n the country? (Please Check One): Ye	s No	
Are you willing to undergo a bac	ckground check prior to employment? (I	Please Check One): Yes	No
How many years of experience	do you have in the Transportation and	Logistics Industry?:	

Education

High School Name Location (City, State) Year Graduated Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Previous Employment

Company Name	
Job Title	
Supervisor Name	
Phone Number	
Start Date	
End Date	
Reason For Leaving	

Company Name	
Job Title	
Supervisor Name	
Phone Number	
Start Date	
End Date	
Reason For Leaving	

	References	(Please List Three	2)
Reference Name	Phone Number	Relationship	Length of Relationship
	Additio	nal Questions	
Have you ever been convict *Note: A conviction may not dis	•	•	
If Yes, please explain briefly	what happened:		
		-	neir name, 2 or 3 personal core Are you willing to do this? (Please
In your own words, briefly d	escribe your skills and qu	alifications for this positior	1:
	* <u>Ple</u>	ease Note*	
All applications must be com		opy of your resume and must be urther review and consideration	e submitted to the Bikeman Transports n.
	AT-WILL	EMPLOYMENT	
terminated at any time for any rea	ison, with or without cause, wit	h or without notice, by you or by E	neans that your relationship can be Bikeman Transport. No representative of nt at will" relationship. You understand that

your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter you at-will employment status, except for a written statement signed by you and either our General Manager or the Company's President.

Applicant's Signature:______Date:______