

APPLICATION



4974 Whitefish Stage Rd, Whitefish, MT 59937

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "no" or "None".

Date _____ Position applying for: Laborer Driver Operator

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

**The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

Do you possess a current DOT medical certificate? Yes No

Physical Exam Expiration Date: _____

Current and Three Years Previous Addresses:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Educational History

Please Circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 Post-Grad 1 2 3

Employment History

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Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial motor vehicle driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSR* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSR* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSR* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSR* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle : (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or, (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Driving Experience

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Class of Equipment	Dates From	Dates To	Approximate Number of Miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor-two trailers (Doubles)			
Tractor-three trailers (Triples)			
Tractor-Tanker Trailer			
Other (Specify)			

List states you operated in, for the past five years: _____

List special courses/training completed (PTD/DDC, HazMat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past three years (attach sheet if more space needed)

Date of Accident	Nature of Accidents (Head-on, rear end, upset, etc.)	Location of Accident (city and state)	# of Fatalities	# of Injuries

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License Information (list each driver's license held in the past three years)

State	License Number	Type	Endorsements	Expiration Date

- 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 been suspended or revoked? Yes No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes No
- D. Have you ever been convicted of a felony? Yes No

If the answer to A, B, C, or D is "Yes", give details: _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

APPLICATION

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentations given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agent may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examination as may be required to complete my application file.

It is agreed and understood that this Driver Application/Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____