

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____

Date of Application _____

COMPANY: Mountain Express, PO Box 3482, Crested Butte, CO 81224

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to

- Review information provided by previous employers; and
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORDED

Application Received _____

Applicant Hired _____

Date Employed _____

Department _____

Rejected _____

Point Employed _____

Classification _____

If rejected, summary report of reasons should be placed in file

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____

Department Released From _____

Dismissed _____

Voluntary Quit _____

Other _____

Termination Report Placed in File _____

Supervisor _____

APPLICANT INFORMATION

Answer all questions. Please print.

Position(s) Applied for _____

Name _____
Last First Middle Init.

Social Security Number _____

Mailing Address _____

Phone _____

LIST ADDRESSES OF RESIDENCY FOR PAST 3 YEARS

Current Address _____
Street City, St, Zip How Long? Phone

Previous _____
Street City State & Zip Code How Long (yr/mo)

Do you have the legal right to work in the United States? YES NO

Date of Birth _____/_____/_____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____

Dates From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been convicted of a felony? YES NO

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might not be able to perform the functions of the job for which you have applied, as described in the job description? YES NO

If yes, explain if you wish _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____ CITY/STATE _____

EMPLOYMENT HISTORY

List employers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER	DATE	
NAME	From	To
ADDRESS	Position Held	
CITY	Salary/Wage	
CONTACT PERSON	Reason for leaving	
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED Y N		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESING REQUIREMENTS OF 49 CFR PART 40? Y N		

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		From	To
ADDRESS		Position Held	
CITY		Salary/Wage	
CONTACT PERSON		Ph	Reason for leaving
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED Y N			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESING REQUIREMENTS OF 49 CFR PART 40? Y N			

EMPLOYER		DATE	
NAME		From	To
ADDRESS		Position Held	
CITY		Salary/Wage	
CONTACT PERSON		Ph	Reason for leaving
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED Y N			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESING REQUIREMENTS OF 49 CFR PART 40? Y N			

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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE. ATTACH SHEET IF MORE SPACE IS NEEDED.

DATE	NATURE OF ACCIDENT <i>Head-on, Rear end, Upset, Etc.</i>	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
Last Accident:				
Next Previous:				
Next Previous:				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS. IF NONE, WRITE NONE. ATTACH SHEET IF MORE SPACE IS NEEDED.

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPERATION 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 ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT (circle Y or N)	TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK Y N	(VAN, TANK, FLAT, DUMP REFER)		
TRACTOR & SEMI-TRAILER Y N	(VAN, TANK, FLAT, DUMP REFER)		
TRACTOR – TWO TRAILERS Y N	(VAN, TANK, FLAT, DUMP REFER)		
TRACTOR – THREE TRAILERS Y N	(VAN, TANK, FLAT, DUMP REFER)		
MOTORCOACH – SCHOOL BUS Y N (more than 8)	-----		
MOTORCOACH – SCHOOL BUS Y N (more than 15)	-----		
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALITIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTING OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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.

SIGNATURE _____ DATE _____