

# 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 \_\_\_\_\_

## 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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	Ph	Reason for leaving	

**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
NAME		From	To
ADDRESS		Position Held	
CITY		Salary/Wage	
CONTACT PERSON	Ph	Reason for leaving	

EMPLOYER		DATE	
NAME		From	To
ADDRESS		Position Held	
CITY		Salary/Wage	
CONTACT PERSON	Ph	Reason for leaving	

EMPLOYER		DATE	
NAME		From	To
ADDRESS		Position Held	
CITY		Salary/Wage	
CONTACT PERSON	Ph	Reason for leaving	

EMPLOYER		DATE	
NAME		From	To
ADDRESS		Position Held	
CITY		Salary/Wage	
CONTACT PERSON	Ph	Reason for leaving	

**EXPERIENCE AND QUALITIFICATIONS – OTHER**

DO YOU TRUCKING, TRANSPORTING OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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**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 \_\_\_\_\_