



APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

4465 Kipling St.
Suite 301, Wheat
Ridge, CO 80033
303-351-3478

General

NAME _____ TELEPHONE (____) _____

ADDRESS (Commercial motor vehicle driver applicants include preceding 3 years. Attach separate sheet if needed.)

_____ How Long? _____
_____ How Long? _____
_____ How Long? _____

DATE AVAILABLE FOR EMPLOYMENT _____

If employed and under 18, can you furnish a work permit? Yes No

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No
If yes, give name: _____

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.

Type of work desired: _____

If applying for a position where driving is required, do you have a valid driver's license in this state?
License # _____

Can you perform the essential functions of the job(s) for which you are applying? Yes No

Are you available to work Fulltime Part Time Overtime

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

Special Skills, Qualifications, and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment, or other activities related to the job you are seeking: _____

References

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experiences (Drivers include preceding 10-years if employment included commercial motor vehicle operation. Attach

separate sheet if needed.)

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____
Duties _____
What did you like most about your job? _____
Reason for Leaving _____

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Reason for Leaving _____



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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize THE COMPANY to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of THE COMPANY as they presently exist or are later modified. If hired, I understand my employment can be terminated at the discretion of THE COMPANY or at my option, without notice, at any time, and for any reason.

I also understand that no representative of THE COMPANY has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of THE COMPANY.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above. 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's Signature

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

(Retain for THE COMPANY's employment files.)



4445 Kipling St. Suite 301, Wheat Ridge, CO 80033

COMMERCIAL DRIVER APPLICATION SUPPLEMENT

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Within the last 3 years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test for transportation safety sensitive work you applied for, but did not obtain? YES NO

If yes for the above question, have you successfully completed the return-to-duty process? YES NO

Social Security # _____ Date of Birth ____/____/____

LICENSE INFORMATION

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

DRIVING EXPERIENCE (ATTACH SHEET IF MORE SPACE IS NEEDED)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZMAT SPILLS
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
If yes, explain _____

B. Has any license, permit, or privilege ever been suspended or revoked? YES NO
If yes, explain _____



COMMERCIAL DRIVER INQUIRY AUTHORIZATION

TO BE READ AND SIGNED BY COMMERCIAL DRIVER APPLICANT

I authorize you to make investigations and inquiries to 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 <Enter Company Name>.

"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 current/previous employers;
- 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.

NOTICE: Commercial Drivers will be required to register and log in to the Commercial Driver's License Drug and Alcohol Clearinghouse and provide electronic consent before <Enter Company Name> can conduct a full query of a driver's Clearinghouse record required by 49 CFR 382.701(a).

NOTICE: A separate Pre-Employment Screening Program disclosure and authorization is required to access a commercial drivers' safety records from the Federal Motor Carrier Safety Administration.

Signature of Applicant

Date

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. Such information includes, if any, a resumé or supplemental materials.

Signature of Applicant

Date



CONFIDENTIAL RELEASE OF INFORMATION FORM 49 CFR PART 40 DRUG AND ALCOHOL TESTING

SECTION I. TO BE COMPLETED BY THE NEW EMPLOYER, SIGNED BY THE EMPLOYEE, AND TRANSMITTED TO THE PREVIOUS EMPLOYER:

Applicant/Employee Name (Printed or Typed): _____

Applicant/Employee Social Security or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and Part 391, Section 391.23. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations
5. Information obtained from previous employers of a drug and alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee Signature: _____ Date: _____

I-A.

New Employer's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Designated Employer Representative: _____

I-B.

Previous Employer's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Designated Employer Representative (if known): _____