



TRUCKING, INC.

432 West Highway 26
Blackfoot, Idaho 83221

Application For Employment

The purpose of this application is to determine whether or not the applicant is qualified to operate a motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above. It is also to make sure that the prospective employee provides accurate information.

Instructions to the 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". This is important!

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

Date: _____ Position Applying For: _____

Name: _____

_____ (First) (Middle) (Last)

Phone Number: (____) _____ Emergency Phone Number: (____) _____

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

Physical Exam Expiration Date: _____ (Driver Applicants Only)

Current and Three Years Previous Addresses with Years:

Years: _____ Months: _____

Years: _____ Months: _____

Years: _____ Months: _____

Education and Employment History

Please circle the highest grades completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Grad: 1 2 3 4

Currently attending: Yes _____ No _____

Degree or Degrees Earned: _____

Give a COMPLETE RECORD of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years if applicable.

Mo/Yr Mo/Yr Present or Last Employer
From: _____ To: _____ Name: _____
Position Held: _____ Address: _____
Reason for Leaving: _____ Phone: (____) _____

Were you subject top the FMCSRs* while employed here? Yes or No
Was you job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes or No

Mo/Yr Mo/Yr Present or Last Employer

From: _____ To: _____ Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: (_____) _____

Were you subject top the FMCSRs* while employed here? Yes or No
Was you job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes or No

Mo/Yr Mo/Yr Present or Last Employer

From: _____ To: _____ Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: (_____) _____

Were you subject top the FMCSRs* while employed here? Yes or No
Was you job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes or No

Mo/Yr Mo/Yr Present or Last Employer

From: _____ To: _____ Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: (_____) _____

Were you subject top the FMCSRs* while employed here? Yes or No
Was you job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes or No

Mo/Yr Mo/Yr Present or Last Employer

From: _____ To: _____ Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone: (_____) _____

Were you subject top the FMCSRs* while employed here? Yes or No
Was you job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes or No

**The Federal Motor Carrier Safety Regulations (FMCSRs) 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 quantity requiring placarding.

Driving Experience (FOR DRIVER APPLICANTS ONLY)

Class Of Equipment	From what Year	To What Year	Approximate Number of Miles (Total Number)
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Straight Truck			
Tractor & Semi-trailer			
Tractor- two trailers			
Tractor-three trailer			
Other			

List states operated in for the last five years: _____

List Special courses/training completed (PTD, DDC, Haz-Mat, etc.): _____

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

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

Date of Accident	Nature of Accidents (head on, rear end, upset, etc.)	Location of Accident	Number of Fatalities (if any)	Number of People injured

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

Date	Location	Charge	Penalty

Lifetime Felony Convictions and Sentences

Date	Location	Charge	Penalty

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

State	License Number	Type	Endorsements	Expiration Date

Please circle Yes or No~ *= FOR DRIVER APPLICANTS ONLY

- *Have you ever been denied a license, permit, or privilege to operate a motor vehicle?...Yes or No
- *Has any license, permit, or privilege ever been suspended or revoked?.....Yes or No
- Have you ever tested positive or refused a DOT Drug or Alcohol pre-employment test within the past two years from an employer who did not hire you?.....Yes or No
- Have you ever been convicted of a felony?.....Yes or No
- Have you ever had a workman's compensation claim?.....Yes or No

If you answered "Yes," to any of the above questions please give us details in the space provided-_____

Personal References

List Three persons or references, other than family members, who have knowledge of your safety habits and good work ethic.

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Remarks
