

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS COMPLETELY, PLEASE PRINT)

PERSONAL INFORMATION

DATE OF APPLICATION _____ POSITION APPLYING FOR _____ RATE OF PAY EXPECTED? _____

FULL NAME: _____
LAST FIRST M.I.

PHONE NUMBER: _____ EMAIL ADDRESS _____

DATE OF LAST TETANUS VACCINE _____ IF VACCINE IS NOT CURRENT, ARE YOU WILLING TO BE VACCINATED WITHIN THE FIRST 30 DAYS OF EMPLOYMENT? YES NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO ARE YOU OVER THE AGE OF 18? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO * 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 FROM EMPLOYMENT-ALL CIRCUMSTANCES WILL BE CONSIDERED.

CURRENT ADDRESS: _____
STREET ADDRESS APARTMENT/UNIT #
CITY STATE ZIP CODE

PREVIOUS ADDRESSES (3 YEARS)
STREET ADDRESS CITY STATE ZIP CODE
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STREET ADDRESS CITY STATE ZIP CODE
(USE BACKSIDE FOR SHEET FOR ADDITIONAL ADDRESSES)

EDUCATION

PLEASE CIRCLE HIGHEST GRADE COMPLETED: GRADE SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE: 1 2 3 4 POST GRADUATE: 1 2 3 4

LAST SCHOOL ATTENDED: _____

PLEASE LIST ANY RELEVANT EDUCATION: _____

EXPERIENCE & QUALIFICATIONS

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO IF YES, WHICH BRANCH OF SERVICE? _____

DESCRIBE ANY MILITARY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

ARE YOU CURRENTLY SERVING IN THE MILITARY RESERVES OR NATIONAL GUARD? YES NO

LIST ANY OTHER SPECIAL SKILLS _____

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITHIN THE LAST 3 YEARS

<i>EMPLOYER</i>	<i>PERIOD OF EMPLOYMENT</i> <div style="text-align: center;">TO</div>	<i>POSITION</i>
<i>EMPLOYER ADDRESS</i>	<i>TELEPHONE</i>	<i>SUPERVISOR</i>
<i>BRIEF DESCRIPTION OF DUTIES:</i>		
<i>REASON FOR LEAVING:</i>		
<i>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

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<i>BRIEF DESCRIPTION OF DUTIES:</i>		
<i>REASON FOR LEAVING:</i>		
<i>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

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<i>EMPLOYER ADDRESS</i>	<i>TELEPHONE</i>	<i>SUPERVISOR</i>
<i>BRIEF DESCRIPTION OF DUTIES:</i>		
<i>REASON FOR LEAVING:</i>		
<i>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

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<i>BRIEF DESCRIPTION OF DUTIES:</i>		
<i>REASON FOR LEAVING:</i>		
<i>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

PLEASE LIST ANY ADDITIONAL EMPLOYERS ON A SEPARATE SHEET OF PAPER. *THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49CFR391.21) REQUIRE THAT ALL APPLICANTS WISHING TO DRIVE A COMMERCIAL VEHICLE LIST ALL EMPLOYMENT FOR THE LAST 3 YEARS.*

DRIVER EXPERIENCE & QUALIFICATIONS

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49CFR391.21 (B) (2) REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

APPLICANT NAME _____

DATE OF APPLICATION _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49CFR391 SUBPART E) REQUIRES THAT DRIVER APPLICANTS PASS CERTAIN PHYSICAL TESTS BEFORE THEY ARE HIRED TO DRIVE A MOTOR VEHICLE.

DATE OF LAST DEPARTMENT OF TRANSPORTATION PRESCRIBED EXAMINATION _____ MUST PROVIDE A COPY _____

DRIVER LICENSE HISTORY

LIST ALL LICENSES HELD WITHIN THE PREVIOUS 3 YEARS

LICENSE NUMBER _____ CLASS _____ STATE _____ EXP. DATE _____

LICENSE NUMBER _____ CLASS _____ STATE _____ EXP. DATE _____

LICENSE NUMBER _____ CLASS _____ STATE _____ EXP. DATE _____

HAVE YOU EVER HAD ANY DRIVER'S LICENSE DENIED, SUSPENDED, REVOKED, OR CANCELED BY ANY STATE AGENCY? YES NO

IF YES, GIVE STATE OF ISSUANCE AND EXPLANATION OF THE CIRCUMSTANCES:

DRIVING EXPERIENCE

TYPES OF EQUIPMENT (TRUCK, TRACTOR/TRAILER, TANK, ETC.)	DATES		APPROXIMATE MILEAGE DRIVEN (TOTAL)
	TO	FROM	

ACCIDENT HISTORY

ACCIDENT REVIEW FOR THE PAST 3 YEARS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT <i>(HEAD-ON, REAR-END, UPSET, ETC.)</i>	CITATION ISSUED? <i>NUMBER OF (INJURIES, FATALITIES, VEHICLES TOWED)</i>	ADDITIONAL DETAILS

MOTOR VEHICLE DRIVING RECORD (MVR)

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

DATE	LOCATION	CHARGE	PENALTY

TO BE READ AND SIGNED BY APPLICANT

Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a perspective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification "I certify 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

 PRINTED NAME

 DATE

FOR COMPANY USE – DO NOT WRITE IN THIS SPACE

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<p>PRE-EMPLOYMENT</p> <p><input type="checkbox"/> PREVIOUS DRIVER INQUIRIES</p> <p><input type="checkbox"/> DRIVE TEST</p> <p><input type="checkbox"/> PRE- EMPLOYMENT DRUG TEST</p>	<p>REQUIRED ITEMS</p> <p><input type="checkbox"/> ADDED TO INSURANCE _____</p> <p>ACCEPTED & PRINTED _____</p> <p>CC TO DAVID _____</p>	<p>UPDATE YEARLY</p> <p><input type="checkbox"/> DRIVER LICENSE EX: _____</p> <p><input type="checkbox"/> MEDICAL CARD EX: _____</p> <p><input type="checkbox"/> CURRENT MVR</p>

PREVIOUS EMPLOYER DRIVER INQUIRY

PART 1 – TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

APPLICANT NAME _____ SOCIAL SECURITY NUMBER _____

Do hereby authorize my:

<i>PREVIOUS EMPLOYER</i>	<i>PHONE</i>	<i>FAX</i>
<i>EMPLOYER ADDRESS</i>	<i>CITY, STATE</i>	<i>ZIP</i>

To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:

<i>PERSPECTIVE EMPLOYER</i> RAWSON DEVELOPMENT	<i>PHONE</i> (801) 452-6143	<i>FAX</i> (801) 394-1222
<i>ADDRESS</i> 3027 MIDLAND DR.	<i>CITY, STATE</i> OGDEN, UTAH	<i>ZIP</i> 84401

In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

APPLICANT SIGNATURE _____ DATE _____.

PART 2 – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. The applicant named above was employed by us from (m/y) _____ to (m/y) _____
2. Did the applicant drive a motor vehicle for you? Straight Truck Tractor Semi-trailer Bus Passenger Vehicle Other
5. Was the applicant involved in any accidents? Yes No
 If yes use additional sheet to include dates (d/m/y), and brief explanation:
7. Was the applicant in a DOT controlled substance testing program with your company? Yes No
6. Has this person had alcohol tests with result of 0.04 or higher? Yes No
7. Has this person tested positive or adulterated a test specimen for any controlled substance? Yes No
8. Has this person ever refused to submit a random, post accident or reasonable suspicion drug test? Yes No

PLEASE INCLUDE ANY DOT DRUG AND ALCOHOL TESTING INFORMATION OBTAINED FROM PRIOR EMPLOYERS IN THE LAST 3 YEARS.

4. Was the applicant a safe and efficient driver? _____
 8. Was the applicant's general conduct satisfactory? _____
 9. Reason for leaving your employ: Discharged Laid Off Resigned
 10. Remarks: _____
- Print Name: _____ Position: _____
- Signature: _____ Date: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR Part 391.23.

