|  |
| --- |
|  12255 Hwy 5 NW • Crosby, ND 58730 |
|  P: 701-965-6031 • F: 701-965-6989 |

|  |  |  |
| --- | --- | --- |
| **DATE:** | **POSITION:** | **SALARY DESIRED:** |
| **NAME:** | **DOB:** | **SSN:** |
| **ADDRESS:** | **CITY:** | **STATE:** | **ZIP:** |
| **PHONE:** | **CELL:** | **EMAIL:** |
| **ADDITIONAL ADDRESSES: (INCLUDE ALLADDRESSES FOR THE PAST THREE YEARS)** |
| **DATE AVAILABLE TO START:** | **TYPE OF EMPLOYMENT DESIRED: FULL TIME PART-TIME** |
| **U.S. CITIZEN? YES NO** | **IF NO, ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S.? YES NO** |
| **HAVE YOU EVER PLEAD “GUILTY”, “NO CONTEST” OR BEEN CONVICTED OF A CRIME? YES NO** |
| **IF YES, GIVE DATES AND DETAILS:** |

**DRIVER LICENSE INFORMATION**



**Employment Application**

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|  |  |  |  |
| --- | --- | --- | --- |
| **STATE** | **LICENSE NUMBER** | **TYPE** | **EXPIRATION DATE** |
|  |  |  |  |

**EXPERIENCE AND QUALIFICATONS – DRIVER – DRIVING EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS OF EQUIPMENT** | **TYPE OF EQUIPMENT****(VAN, TANKER, FLATBED, ETC.)** | **DATES****(SHOW TO AND FROM)** | **APPOX. # OF MILES & # OF YEARS EXPERIENCE** |
| **Straight Truck** |  |  |  |  |
| **Tractor; semi-trailer** |  |  |  |  |
| **Tractor; two trailers** |  |  |  |  |
| **Other** |  |  |  |  |

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATES** | **NATURE OF ACCIDENT****(HEAD-ON, REAR-END, UPSET, ETC.)** | **FATALITIES** | **INJURIES** |
| **Last Accident:** |  |  |  |
| **Next Previous:** |  |  |  |
| **Next Previous:** |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **DATES** | **CHARGE** | **LOCATION** | **PENALTY** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| **A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PREVELEGE TO OPERATE A MOTOR VEHICLE?** | **Yes** | **No** |
| **B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?** | **Yes** | **No o** |
| **C. IN THE PAST 2 YEARS HAVE YOU FAILED OR REFUSED ANY DOT REGULATED DRUG OR ALCOHOL TEST?** | **Yes** | **No o** |

**\*IF YOU ANSWERED “YES” TO EITHER A OR B ABOVE, YOU MUST ATTACH A SEPARATE SHEET GIVING DETAILS.**

NOTE: FMCSA REQUIRES THAT EMPLOYMENT FOR THE PAST THREE YEARS AND/OR CMV EXPERIENCE FOR THE PAST 10 YEARS

**LAST EMPLOYER**

**NAME:**

**ADDRESS: PHONE:**

**POSTION HELD: FROM: TO:**

**WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS: Yes No**

**WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? Yes No**

**REASON FOR LEAVING:**

**SECOND LAST EMPLOYER**

**NAME:**

**ADDRESS: PHONE:**

**POSTION HELD: FROM: TO:**

**WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS: Yes No**

**WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? Yes No**

**REASON FOR LEAVING:**

**THIRD LAST EMPLOYER**

**NAME:**

**ADDRESS: PHONE:**

**POSTION HELD: FROM: TO:**

**WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS: Yes No**

**WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? Yes No**

**REASON FOR LEAVING:**

**NOTICE TO APPLICANT: AFTER OCTOBER 29, 2004 YOU MUST BE NOTIFIED OF YOUR DUE PROCESS RIGHTS AS SPECIFIED IN THE FMCSA 391.23(I) (SEE BELOW)**

**I (1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigation information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:**

**(i)(1)(i) The right to review information provided by previous employers;**

**(i)(1)(ii) 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. (i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous-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 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-business day deadline will begin when the prospective 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 his/her request to review the records.**

**THIS IS TO BE READ AND APPLICANT MUST SIGN APPLICATION)**

**This certifies that this applications 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 (ELECTRONIC SIGNATURE FOR ONLINE APPLICATION) DATE**

**DRIVING RECORD INQUIRY**

I, (print full name) give my permission for a complete check of my driving record, including any state where I presently have or have had a driver’s license or permit. This inquiry is required by 49CFR, Part 391.25, and will be made annually or as my employer deems necessary during the course of my association with T & R Transport.

In compliance with the Fair Credit Reporting Act, which provides consumers with the rights regarding consumer reports, I know that I have the opportunity to obtain a copy of this report from my employer, and also have the opportunity to dispute the information if I believe it is incorrect, before any adverse action is taken against me.

Driving License Number: State: Date of Birth: If licensed in any State other that North Dakota, enter your SSN:

Signature: Date:

(Electronic signature for online application)

391.25 Annual inquiry and review of driving record.

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, make an inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator’s license or permit during the time period.

(b) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle pursuant to 391.15.

(b)(1) The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or

Hazardous Materials Regulations (49 CFR Chapter I, subchapter C).

(b)(2) The motor carrier must consider the driver’s accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicated that the driver has exhibited a disregard for the safety of the public.

(c) Recordkeeping. (1) A copy of the response from each State agency to the inquiry required by paragraph (a) of this section shall be maintained in the driver’s

qualification file.

(c) (2) A note, including the name of the person who performed the review of the driving record required by paragraph (b) of this section and the date of such

review, shall be maintained in the driver’s qualification file.

Records reviewed by:

**FOR OFFICE USE ONLY**

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Signature Date

Notes:

**MOTOR VEHICLE DRIVER’S VIOLATION CERTIFICATION**

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|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF CONVICTION** | **OFFENSE** | **LOCATION** | **TYPE OF MV OPERATED** |
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**If no violations are listed above, I certify that I have not been convicted of forfeited bond or collateral on account of any violation required to be listed during the past 12 month.**

Drivers Signature (Electronic signature for online application) Date

**Stony Creek Transport LLLP 12125 Highway 5 NW Crosby, ND 58730**

Reviewed By Title

This form is required by the Department of Transportation (49CFR, Part 391.27). It basically is a declaration of any and all citations (other than parking) you have received within the past 12 month, in any type of vehicle. Your employer must keep this copy in your driver qualifications file.