

DRIVERS APPLICATION FOR EMPLOYMENT

APPLICANT NAME _____ **DATE** _____
COMPANY **INDIANCREEK EXPRESS, LLC, 5615 E CR 82 CARR CO 80612**

In compliance with Federal and State equal 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Indian Creek Express, LLC.

I understand that information I provide regarding current or previous employers may be used, and those employers 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 a right to:

- Review information provided by 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

Signature _____ Date _____

FOR COMPANY USE	
APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____
SIGNATURE OF INTERVEIWING OFFICER _____	

TERMINTAION OF EMPLOYEMENT

DATE TERMINATED _____ **DEPARTMENT RELEASED FROM** _____
DISMISSED _____ **VOLUNTARILY QUIT** _____ **OTHER** _____
TERMINATION REPORT IN FILE _____ **SUPERVISOR** _____

APPLICANT TO COMPLETE
(ANSWER ALL QUESTIONS, PLEASE PRINT)

Position(s) applied for _____

Name _____ S S N _____
 Last First Middle

List your addresses of residency in the last 3 years.

Current address _____
 Street City/ST/Zip
 Phone #'s _____ How Long? _____

Previous Addresses

Street	City/ST/ Zip	How Long?
Street	City/ST/ Zip	How Long?
Street	City/ST/ Zip	How Long?
Street	City/ST/ Zip	How Long?

Do you have legal right to work in the United States? _____

Date of birth _____ Can you provide proof of age? _____

Have you worked for this company before? _____ When? _____

Reason for Leaving? _____

Are you employed now? _____ If not how long since leaving your last employment? _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been bonded _____ Name of Bonding Co.? _____

Have you ever been convicted of a felony? _____
If yes please use 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 that you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish.

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION DURING THE PRECEDING 10 YEARS. (OR FROM DATE OF ISSUE OF CLASS A CDL, A MINIMUM OF 3 YEARS EMPLOYEMENT HISTORY IS REQUIRED. LIST COMPLETE MAILING ADDRESS AND ONLY VALID PHONE NUMBERS FOR VERIFYING PRVIOUS EMPLOYER INFORMATION. USE OTHER SHEET IF NEEDED.

CURRENT EMPLOYER			DATES	
NAME			FROM	TO
CITY	STATE	ZIP	POSITION	
CONTACT PERSON		PH. NUMBER	WAGE	
WERE YOU SUBJECT TO FMCSR'S WHILE EMPLOYED? YES NO				
WAS YOU JOB DESIGNATED AS SAFETY SENSITIVE FUCTION IN ANY DOT REGULATED MODE				
SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PARTS 40 YES/NO?				
REASON FOR LEAVING				

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ACCIDENT/TRAFFIC RECORD PAST 5 YEARS (ATTACH SHEET IF MORE SPACE NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZMAT
1.				
2.				
3.				
TRAFFIC CONVICTIONS AND FORFIETURES LAST 5 YEARS IF NONE WRITE NONE.				
LOCATION	DATE	CHARGE	PENALTY	
1				
2				
3				
4				
5				
EXPERIENCE AND QUALIFICATIONS- DRIVER				
DRIVER LICENSES HELD IN PAST 10 YEARS				
STATE	LICENSE NUMBER	TYPE	EXP DATE	
1.				
2.				
3.				
HAVE YOU EVER BEEN DENIED A DRIVER LICENSE?				
HAS ANY LICENSE, PERMIT OR PRIVELEDGE EVER BEEN REVOKED?				
IF THE ANSWER IS YES PLEASE ATTACH LETTER OF EXPLAINATION WITH DATES AND REASON FOR SUSPENSION OR REVOCATION.				
DRIVING EXPERIENCE				
CLASS OF EQUIPEMENT	CIRCLE TYPE OF EQUIPMENT	DATES	APPROX MILES	
STRAIGHT TRUCK	Y/N VAN/TANK/FLAT/DUMP/REFER			
TRACTOR AND SEMI TRL	VAN/TANK/FLAT/DUMP/REFER			
TRACTOR 2 TRLS	VAN/TANK/FLAT/DUMP/REFER			
TRACTOR 3 TRLS	VAN/TANK/FLAT/DUMP/REFER			
MOTORCOACH/BUS				
LIST STATES OPERATED IN LAST FIVE YEARS				
SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:				
ANY SAFE DRIVING AWARDS?				
SHOW ANY SPECIFIC EXPERIENCE THAT WILL HELP YOU IN THIS JOB				

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/ST _____

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 _____