

Application for Employment

Date: _____

In compliance with Federal and State EEOC laws, qualified applicants are considered for all positions regardless to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Lake County
106 4th Avenue E Polson MT 59860

Name _____
(First) (Middle) (Maiden Name, if any) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Telephone # _____ Social Security Number _____

Addresses _____ How Long? _____
(Street) (City) (State & Zip Code)

For Past _____ How Long? _____
Three Years _____
(Street) (City) (State & Zip Code)

(Attach Sheet If More Space Needed)

Position applying for _____ Temporary _____ Part-Time _____ Fulltime _____

Who referred you _____ Rate of pay Expected _____

Have you worked for this company before? _____ If yes what dates To: _____ From _____

Where: _____ Rate of pay _____ Position _____

Are you currently employed? _____ If no, how long since leaving last employer? _____

Have you ever been convicted of a crime? _____ Please explain _____

Were you ever in the United States Armed Forces? _____ Dates _____

If yes, which Branch of Service _____

Have you ever worked for this company under another name? _____ If so, what name _____

TO BE READ AND SIGNED BY ALL APPLICANTS

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. I hereby release employers, schools, health care providers, and their employees from all liability in responding to inquiries and releasing information in connection with my application.

I understand that false or misleading information given in my application or during an interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

Signature _____ Date _____

TO BE READ AND SIGNED BY DRIVER APPLICANT ONLY

I understand that the information I provide regarding current and/or previous employers may be used, and that all employer(s) within the past 3 years will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(a)(2). I understand that I have the right to :

- A) Review information provided by previous employers;
- B) Have errors in the information corrected by previous employers and for that previous employers to re-send corrected information to prospective employer; and
- C) 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 _____

The U.S. Department of Transportation requires that all driver applicants give their date of birth (FMCSR 391.21 (b)(2))

Date of Birth (mm/dd/yyyy) ____/____/____

Applicant's Statement on Previous Pre-Employment Drug Testing

- 1 Have you tested positive, or refused to test on any pre-employment drug or alcohol test administered by a perspective employer in which you applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years.

Check one: Yes NO

- 2 If you answered yes to previous question. Can you provide/obtain proof that you you have successfully completed the DOT return-to-duty requirements?

Check one: Yes NO

EDUCATION

School	School Name City and State	Year graduated	Degree and Major	# Years completed
High School				
Business, Trade or Technical				
College				

Include any other information which relates to the position for which you are applying, e.g., additional education, seminars, certifications, licensing. _____

MAINTENANCE EXPERIENCE & QUALIFICATION

Indicate training and experience in the following areas:	Formal Training	Years of Experience	Indicate training and experience in the following areas:	Formal Training	Years of Experience
Drive Line Components			Body Work		
Diesel Engines			Electrical		
Gas Engines			Frame Alignment		
Tire Service			Wheel Alignment		
Trailer Repair			Brakes		
Air Conditioning (Cab)			Cooling System		
Refrigeration (Cargo)			Inspections State/Federal		

List courses and training in maintenance work; _____

List Powered Industrial Trucks that you are or have been licensed operate: _____

Driver Experience and Qualifications

(complete for Driver Positions Only)

License	License Type	State	Expiration Date	Number
List all Driver's license(s) held within the last 3 years				
	If you have CDL, list CDL endorsements:			
	Has your license(s) ever been denied renewal, revoked or suspended? [] Yes [] No			
	If yes, Please explain:			
	License Type	Action Taken	Date	Reason
Experience	If no driving experience within last 3 years - check here <input type="checkbox"/>			
Indicate number of years' experience and types of vehicle (trucks, tractors, semi-trailers, buses etc.)	Years	Type of Vehicle		
Accidents	If No accidents within the last 3 years - check here <input type="checkbox"/>			
Please indicate all accidents (company and personal during the past 3 years)	Date	Nature of Accident (head-on, Rear-end, Sideswipe, etc.)	Injury/Fatalities	Hazardous materials spill
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
Violations	If no traffic convictions and/or forfeitures in the last 3 years - check here <input type="checkbox"/>			
List all moving violations (company and personal) during the last 3 years (other than parking)	Date	Offense	Location	Fine/Determination
Training	Date	Location	Course Type / Conducted By	
Please indicate driver safety training programs completed:				
Awards	Date	Location	Type of Award	Organization
Please indicate all safe driving awards you've received:				

Employment Record

DOT requires that all applicants wishing to drive a commercial motor vehicle must provide the following information on all previous employers during the proceeding 3 years. You must give the same information for whom you have driven a commercial motor vehicle for an additional 7 years.

You are required to list the complete address: Street number and name, city state and zip code.

Any gaps in employment and/or unemployment must be explained.

Current or Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes NO

Account for time between jobs (month/year) and reason _____

Employment continued

Second Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes NO

Account for time between jobs (month/year) and reason _____

Third Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes NO

Account for time between jobs (month/year) and reason _____

Fourth Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes NO

Account for time between jobs (month/year) and reason _____

Fifth Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes NO

Account for time between jobs (month/year) and reason _____

APPLICANT MUST READ AND SIGN

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.

Applicant signature Date