

Application For Employment

Driver Only- If you are applying for another position, do not use this form

NOTE: This form must be **completely** filled out - Do not leave any blanks. Partial applications will not be considered. If not applicable, write in "n/a" or if an answer is "no" write in "no or none."

Name _____ Phone: () _____
First Middle Last

*Current Address : _____
Street City State Zip

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip

Street City State Zip

Date of Birth: _____ (Required for truck drivers) Social Security #: _____ - _____ - _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone: () _____

Position Applying For: _____ Temporary ____ Part Time ____ Full Time ____

Who referred you: _____ Rate of Pay Expected: _____

Have you worked for this company before under the name above or another name? _____ (From ____ To ____)

If under another name provide that name: _____

Where? _____ Position _____

Reason for leaving _____

Names of relatives employed by this company : _____

Are you currently employed? _____ If not, how long since leaving last employment ? _____

Have you ever been convicted of a felony? _____ If yes, explain: _____

Conviction of a crime is not an automatic bar to employment - all circumstances will be considered

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? _____ If yes, give date and name of employer: _____

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School attended: _____
City State / Zip

NOTE: The DOT requires that you show all employment for the previous three years. In addition, you must show any commercial driving experience for the seven years prior to that.

Previous Employment Information

1) Name of employer: _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____

Type of equipment operated Type of equipment (combination) _____
Gross weight _____ Type Transmission _____
Type engine _____ # of Miles _____
Safe driving or worker awards _____

2) Name of employer: _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____

Type of equipment operated Type of equipment (combination) _____
Gross weight _____ Type Transmission _____
Type engine _____ # of Miles _____
Safe driving or worker awards _____

3) Name of employer: _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____

Type of equipment operated Type of equipment (combination) _____
Gross weight _____ Type Transmission _____
Type engine _____ # of Miles _____
Safe driving or worker awards _____

4) Name of employer: _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____

Type of equipment operated Type of equipment (combination) _____
Gross weight _____ Type Transmission _____
Type engine _____ # of Miles _____
Safe driving or worker awards _____

5) Name of employer: _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____

Type of equipment operated Type of equipment (combination) _____
Gross weight _____ Type Transmission _____
Type engine _____ # of Miles _____
Safe driving or worker awards _____

Driver Experience and Qualification

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates From—To	Approximate Total Miles
Straight Truck			
Tractor and Semi-Trailer			
Twin Trailers (Doubles)			
Other			

Licenses

Driver Licenses held in the past three years must be shown	State	License No.	Type	Expiration Date

Traffic convictions and forfeitures for the past three years other than parking violations

Location	Date	Charge	Penalty

Have you ever been convicted of driving under the influence of alcohol or any substance? If yes, give date and details: _____

Have you ever been convicted of careless driving, reckless driving or reckless endangerment involving a motor vehicle? If yes, give date and details: _____

Have you ever been denied a license or permit to operate a motor vehicle? If yes, give date and details: _____

Have you ever been disqualified from driving a commercial motor vehicle for violations of Federal Motor Carrier Safety Regulations or state or local regulations? If yes, give date and details : _____

List any special courses or training that will help you as a driver and where received : _____

Accident Review For Past Three Years
(Attach separate sheet of paper if more space is needed)

Last Accident:

Date _____ Location _____ Type of vehicle driven _____

Nature of accident *(Head-on, Rear-end, Upset, etc)* _____

Explain what happened _____

Were there any injuries? Yes No Fatalities? Yes No Property Damage? Yes No \$ _____

Next Previous Accident:

Date _____ Location _____ Type of vehicle driven _____

Nature of accident *(Head-on, Rear-end, Upset, etc)* _____

Explain what happened _____

Were there any injuries? Yes No Fatalities? Yes No Property Damage? Yes No \$ _____

Next Previous Accident:

Date _____ Location _____ Type of vehicle driven _____

Nature of accident *(Head-on, Rear-end, Upset, etc)* _____

Explain what happened _____

Were there any injuries? Yes No Fatalities? Yes No Property Damage? Yes No \$ _____

Notice to all applicants / Read and sign BEFORE submitting this application

Until all background information and driver qualification requirements have been verified by the company or its agent, any offer of employment made is **conditional**. This means that an offer of employment may be withdrawn if the applicant does not meet company or government qualification requirements. Areas that will be verified include but are not limited to :

- (i) Past Employment Verification
- (ii) Duration of Past Commercial Driving Experience
- (iii) Type of Equipment Driven
- (iv) Company Qualification Requirements
- (v) DOT Qualification Requirements
- (vi) DOT Physical Qualification Requirements
- (vii) Driver Record Check (MVR)
- (viii) Drug and Alcohol Screening Results

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and for other purposes. 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.

Any conditional offer of employment or actual employment does not constitute a guarantee of continued employment.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Signature of Applicant

Date

Mergenthaler Transfer & Storage - 1414 North Montana Avenue - Helena, Montana 59601