

# Mergenthaler Transfer & Storage

## MTS Freight

### Commercial Vehicle - Driver Application

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

PLEASE NOTE: This application must be completely filled out. Do not leave any blank sections. Partially completed applications will not be considered. If a section doesn't apply to you, write *n/a* or *not applicable*. If an answer to a question is no, write *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: \_\_\_\_\_ Full Time  Temporary  Part Time

Who referred you: \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_

Have you worked for this company before? Yes  No  If Yes: From \_\_\_\_\_ To \_\_\_\_\_

Where? \_\_\_\_\_ Position Held \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Names of relatives employed by this company: \_\_\_\_\_

Are you currently employed? Yes  No  If not, how long since leaving last employment? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If Yes, explain: \_\_\_\_\_

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

### 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

### Technical Training - (Trade School, Truck Driving School, Mechanic Training, etc.)

Attendance Dates	Name & Location of School	Subjects Covered	Completed?

**NOTE:** DOT regulations require that you provide all employment experience for the previous three years. In addition, you must provide any commercial driving experience for the seven years prior to that. Attach an additional sheet if necessary.

### 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 (combination) \_\_\_\_\_ Engine/Transmission Type \_\_\_\_\_  
Gross Weight \_\_\_\_\_ Miles Driven \_\_\_\_\_ Safe driving or worker awards \_\_\_\_\_  
Was this employer subject to the Federal Motor Carrier Safety Regulations? ..... Yes  No   
Were you subject to Drug and Alcohol testing as required by the DOT? ..... Yes  No

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 (combination) \_\_\_\_\_ Engine/Transmission Type \_\_\_\_\_  
Gross Weight \_\_\_\_\_ Miles Driven \_\_\_\_\_ Safe driving or worker awards \_\_\_\_\_  
Was this employer subject to the Federal Motor Carrier Safety Regulations? ..... Yes  No   
Were you subject to Drug and Alcohol testing as required by the DOT? ..... Yes  No

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 (combination) \_\_\_\_\_ Engine/Transmission Type \_\_\_\_\_  
Gross Weight \_\_\_\_\_ Miles Driven \_\_\_\_\_ Safe driving or worker awards \_\_\_\_\_  
Was this employer subject to the Federal Motor Carrier Safety Regulations? ..... Yes  No   
Were you subject to Drug and Alcohol testing as required by the DOT? ..... Yes  No

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 (combination) \_\_\_\_\_ Engine/Transmission Type \_\_\_\_\_  
Gross Weight \_\_\_\_\_ Miles Driven \_\_\_\_\_ Safe driving or worker awards \_\_\_\_\_  
Was this employer subject to the Federal Motor Carrier Safety Regulations? ..... Yes  No   
Were you subject to Drug and Alcohol testing as required by the DOT? ..... Yes  No

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 (combination) \_\_\_\_\_ Engine/Transmission Type \_\_\_\_\_  
Gross Weight \_\_\_\_\_ Miles Driven \_\_\_\_\_ Safe driving or worker awards \_\_\_\_\_  
Was this employer subject to the Federal Motor Carrier Safety Regulations? ..... Yes  No   
Were you subject to Drug and Alcohol testing as required by the DOT? ..... Yes  No

## 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/Triple Trailers			
Other			

### Licenses

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

### Moving traffic convictions and/or 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? .....  Yes  No

Have you ever been convicted of careless driving, reckless driving or reckless endangerment involving a motor vehicle? ...  Yes  No

Have you ever been denied a license or permit to operate a motor vehicle or have had your license or permit suspended or revoked? .....  Yes  No

Have you ever been disqualified from driving a commercial motor vehicle for violations of the Federal Motor Carrier Safety Regulations or state or local regulations? .....  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

## Drug & Alcohol Testing History

Have you ever tested positive or refused to be tested on a *Pre-Employment* Drug Test for an employer that you *did not* go to work for? .....  Yes  No

Have you ever tested positive or refused to be tested on any DOT required Drug or Alcohol test? .....  Yes  No

Have you ever engaged in any conduct that is prohibited by the DOT Drug & Alcohol testing regulations? .....  Yes  No

Have you been subject to Substance Abuse Professional (SAP) counseling and/or treatment, because of a positive drug or alcohol test or engaging in other prohibited conduct? .....  Yes  No

If subject to Substance Abuse Professional (SAP) counseling and/or treatment, did you complete the required treatment program? .....  Yes  No

If yes to any of the above, please provide the details: \_\_\_\_\_

## Accident Review For the 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 Applicant / 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:

- Confirmation of past employment
- Verification of duration and type of commercial driving experience
- Verification of type of equipment driven
- Verification of commercial vehicle safety performance history
- Verification of drug & alcohol testing history
- Meeting of company qualification requirements
- Meeting of DOT qualification requirements
- Meeting of DOT physical qualification requirements
- Confirmation of a satisfactory driving record (MVR)
- Receipt of a confirmed negative pre-employment drug test result

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 legitimate business purposes. I certify that I have been given a copy of my rights under the Federal Motor Carrier Safety Regulations, the Fair Credit Reporting Act and the Driver Privacy Protection Act.

**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. 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 of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Mergenthaler Transfer & Storage ~ Helena, Montana -59601 ~ (800) 836-1750