



DRIVER EMPLOYMENT APPLICATION

HIGH PLAINS TRANSPORT LLC / HPT LLC

P.O. BOX 564 MT. VIEW, WY 82939

(307)782-6900 hpt@hpttrucking.com

An Equal Opportunity Employer

APPLICANT INFORMATION

FIRST NAME		LAST NAME		MIDDLE NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	
DO YOU HAVE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR383.21). I certify that I do not have more than one motor vehicle licesnce, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, PNEUMATIC)	DATE FROM	DATE TO
STRAIGHT TRUCK			
TRACTOR/TRAILER			
TRACTOR/2 TRAILER			
TRACTOR/TANKER			
OTHER			

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle preciously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (Attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state zip; and complete all other information.

CURRENT (MOST RECENT EMPLOYER)

NAME		PHONE			
ADDRESS		CITY	STATE	ZIP	
POSITION HELD		FROM M/YR	TO M/YR		
REASON FOR LEAVING		SALARY			
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDING MONTH, YEAR & REASON)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol & controlled substances testing as required by 49 CRF, part 40?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SECOND (MOST RECENT) EMPLOYER

NAME		PHONE			
ADDRESS		CITY	STATE	ZIP	
POSITION HELD		FROM M/YR	TO M/YR		
REASON FOR LEAVING		SALARY			
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDING MONTH, YEAR & REASON)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol & controlled substances testing as required by 49 CRF, part 40?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

THIRD (MOST RECENT) EMPLOYER

NAME		PHONE			
ADDRESS		CITY	STATE	ZIP	
POSITION HELD		FROM M/YR	TO M/YR		
REASON FOR LEAVING		SALARY			
EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDING MONTH, YEAR & REASON)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was the job designated as a safety-sensitive function in any Dept. of Transportation-regulated mode subject to alcohol & controlled substances testing as required by 49 CRF, part 40?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

ACCIDENT HISTORY FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES LIST MOST RECENT FIRST	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc)	# OF FATALITIES	# OF INJURIES	CHEMICAL SPILLS Y/N

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

Attach additional sheet if more space is needed. Check this box if none

DATES OF CONVICTION MONTH/YEAR	VIOLATION	STATE OF VIOLATION	PENALTY

Have you ever been denied a license, or privilege to operate a motor vehicle? Yes No
If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? Yes No
If yes, explain

EDUCATION

SCHOOL	NAME & LOCATION	YEARS	GRADUATE	DETAILS
HIGH SCHOOL				
COLLEGE				
OTHER				

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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 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 interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

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

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			