

Physical Address
2905 US HWY 93
Darby, MT 59829



Phone: (406) 821-4981

Mailing Address
PO Box 218
Victor, MT 59875

Driver's Application for Employment

Applicant Name _____
(PRINT)

Date _____

In compliance with Federal and State equal employment 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 understand that information I provide regarding current and/or previous 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(d) and (e). I understand I have the 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

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions-please print)

Position(s) Applied for _____	
Name _____ (Last, First, Middle)	Social Security No. _____

List your addresses of residency for the past 3 years.	
Current Address	Street _____ City/State/Zip _____
	Phone: _____ How long? _____ yr./mo.
Previous Addresses	Street _____ City/State/Zip _____ How long? _____ yr./mo.
	Street _____ City/State/Zip _____ How long? _____ yr./mo.
	Street _____ City/State/Zip _____ How long? _____ yr./mo.
	Street _____ City/State/Zip _____ How long? _____ yr./mo.
	Street _____ City/State/Zip _____ How long? _____ yr./mo.

Do you have the legal right to work in the United States? _____	
Date of Birth _____ (Required for Commercial Drivers)	Can you provide proof of age? _____
Have you worked for this company before? _____ Where? _____	
Dates: From: _____ To: _____	Rate of Pay _____ Position _____
Reason for Leaving _____	
Are you now employed? _____ If not, how long since leaving last employment? _____	
Who referred you? _____ Rate of pay expected _____	
Have you ever been bonded? _____ Name of bonding company _____ (answer only if a job requirement)	

Can you perform, with or without reasonable accommodations, the essential functions of the job [as described in the attached job description]? _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to driver a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with most recent. Add another sheet as necessary.)

Company:	Position Held	
Physical Address:	From (mo./yr.):	To (mo./yr.)
Mailing Address:	Salary/Wage	
Contact Person:	Phone:	
Reason for leaving: _____		
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ 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		

EMPLOYMENT HISTORY (continued)

Company:	Position Held	
Physical Address:	From (mo./yr.):	To (mo./yr.)
Mailing Address:	Salary/Wage	
Contact Person:	Phone:	
Reason for leaving:		
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ 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		
Company:	Position Held	
Physical Address:	From (mo./yr.):	To (mo./yr.)
Mailing Address:	Salary/Wage	
Contact Person:	Phone:	
Reason for leaving:		
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ 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		
Company:	Position Held	
Physical Address:	From (mo./yr.):	To (mo./yr.)
Mailing Address:	Salary/Wage	
Contact Person:	Phone:	
Reason for leaving:		
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ 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		
Company:	Position Held	
Physical Address:	From (mo./yr.):	To (mo./yr.)
Mailing Address:	Salary/Wage	
Contact Person:	Phone:	
Reason for leaving:		
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ 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		

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF INCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS SPILLS
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS – DRIVER
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT (S)	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	YES	NO	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR AND SEMI-TRAILER	YES	NO	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – TWO TRAILERS	YES	NO	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – THREE TRAILERS	YES	NO	VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH – SCHOOL BUS (MORE THAN 8 PASSENGERS)	YES	NO	_____			
MOTORCOACH – SCHOOL BUS (MORE THAN 15 PASSENGERS)	YES	NO	_____			
OTHER						

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS-OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

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 Name: _____ City/State _____

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: _____

APPLICANT CERTIFICATION

I certify that the information in this application is true and complete to the best of my knowledge, and I understand that, if I am employed, any false statements, concealments or omissions are grounds for refusal to hire or immediate dismissal if hired.

I understand that I may be subject to a complete background check at any time.

I understand that this employment application is valid for the position applied for, at the present time, and that BITTERROOT ROCK & READY MIX is not obligated to retain or consider this application for future openings.

I understand that this application does not guarantee a current job opening and does not obligate BITTERROOT ROCK & READY MIX to hire me.

I understand and agree that employment if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and employment eligibility and completing a Form I-9. I understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that my employment can be modified or terminated with or without cause and with or without notice during the probationary, and at any time for cause and that, if employed, employment does not constitute a contract of employment between myself and BITTERROOT ROCK & READY MIX. I understand that no manager or representative of BITTERROOT ROCK & READY MIX other than the President, Vice President, and/or General Manager has any authority to enter into any agreement for employment or after I have become employed. I will abide by and conform to all BITTERROOT ROCK & READY MIX policies, rules and procedures as may be in effect from time to time.

I acknowledge that I have read the above, understand its content and meaning, and agree to all its provisions.

Applicant's Signature

Date

Physical Address
2905 US HWY 93
Darby, MT 59829



Mailing Address
PO Box 218
Victor, MT 59875

Phone: (406) 821-4981

Applicant Reference Check Authorization

References

1. Name: _____
Company: _____
Relationship: _____
Phone: _____
Email: _____

2. Name: _____
Company: _____
Relationship: _____
Phone: _____
Email: _____

3. Name: _____
Company: _____
Relationship: _____
Phone: _____
Email: _____

I hereby authorize Bitterroot Rock & Ready Mix or any designated officer, employee, agent, or representative to confer with the above-named references. I understand that Bitterroot Rock & Ready Mix may ask references questions about my educational background, work experience, achievements, wage history, performance, attendance, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references will be used solely for the purpose of determining my acceptability for employment with Bitterroot Rock & Ready Mix.

I release all the above-named references from any claim of liability or damages, including, but not limited to, claims for defamation, interference with contract, and negligence – which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

Applicant's Signature

Date