

Physical Address  
2905 US HWY 93  
Darby, MT 59829



Mailing Address  
PO Box 218  
Victor, MT 59875

Phone: (406) 821-4981

## 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.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

This information will be kept confidential & will only be used in conjunction with a background check & insurance qualification.

### 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 (first, middle, last)			TODAY'S DATE
Social Security Number	Date of Birth (required)	Driver's License Number	State of Issue
PHONE NUMBER	ALTERNATE NUMBER	EMAIL	

List your addresses of residency for the past 3 years, starting with the most recent.			
Current Address	PHYSICAL ADDRESS	CITY/STATE	ZIP How long? yr./mo.
Previous Address	PHYSICAL ADDRESS	CITY/STATE	ZIP How long? yr./mo.
Previous Address	PHYSICAL ADDRESS	CITY/STATE	ZIP How long? yr./mo.
Previous Address	PHYSICAL ADDRESS	CITY/STATE	ZIP How long? yr./mo.

POSITION DESIRED	SALARY DESIRED	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
HAVE YOU APPLIED AT BITTERROOT ROCK BEFORE? If yes, when? <input type="checkbox"/> YES <input type="checkbox"/> NO		From: _____ To: _____
Rate of Pay:	Position:	Reason for leaving: _____
Who referred you?		Rate of pay expected: _____
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, how long since leaving last employment?
Do you have legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Can you provide proof? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been bonded? (answer only if a job requirement)	Name of bonded company:	

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Can you perform, with or without reasonable accommodations, the essential functions of the job [as described in the attached job description]?  YES  NO

## 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 drive 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.

If more space is needed, please attach additional paper. **DO NOT WRITE "SEE RESUME." IF YOU HAVE A RESUME, YOU MAY ATTACH IT IN ADDITION TO COMPLETING THIS SECTION.**

** List employers in reverse order starting with most recent. **			
<b>Company:</b>			<b>Position Held:</b>
<b>From:</b> (mo./yr.)	<b>To:</b> (mo./yr.)	<b>Salary/Wage</b>	
<b>Physical Address:</b>			<b>City/State/Zip</b>
<b>Mailing Address:</b>			<b>City/State/Zip</b>
<b>Contact Person:</b>			<b>Phone:</b>
Reason for leaving:			
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Company:</b>			<b>Position Held:</b>
<b>From:</b> (mo./yr.)	<b>To:</b> (mo./yr.)	<b>Salary/Wage</b>	
<b>Physical Address:</b>			<b>City/State/Zip</b>
<b>Contact Person:</b>			<b>Phone:</b>
Reason for leaving:			
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**EMPLOYMENT HISTORY (continued)**

<b>Company:</b>		<b>Position Held:</b>
<b>From:</b> (mo./yr.)	<b>To:</b> (mo./yr.)	<b>Salary/Wage</b>
<b>Physical Address:</b>		<b>City/State/Zip</b>
<b>Contact Person:</b>		<b>Phone:</b>
Reason for leaving:		
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>Company:</b>		<b>Position Held:</b>
<b>From:</b> (mo./yr.)	<b>To:</b> (mo./yr.)	<b>Salary/Wage</b>
<b>Physical Address:</b>		<b>City/State/Zip</b>
<b>Contact Person:</b>		<b>Phone:</b>
Reason for leaving:		
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>Company:</b>		<b>Position Held:</b>
<b>From:</b> (mo./yr.)	<b>To:</b> (mo./yr.)	<b>Salary/Wage</b>
<b>Physical Address:</b>		<b>City/State/Zip</b>
<b>Contact Person:</b>		<b>Phone:</b>
Reason for leaving:		
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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

<b>Transmission Type</b> (select one)	Manual	Automatic	Both
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A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Has any license, permit, or privilege ever been suspended or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> 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 (VAN, TANK, FLAT, DUMP, REFER)	DATES		APPROX. NO. OF MILES (TOTAL)
	YES	NO		FROM (M/Y)	TO (M/Y)	
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:

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

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WHICH SAFE DRIVING AWARDS DO YOU HOLD? FROM WHOM?

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**EXPERIENCE AND QUALIFICATIONS – OTHER**

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

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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**EDUCATION**

High School	City/State	Years completed	Did you graduate?	HS Diploma/GED
Business/Trade School	City/State	Years completed	Did you graduate?	Degree/Major
College/University	City/State	Years completed	Did you graduate?	Degree/Major
Other	City/State	Years completed	Did you graduate?	Degree/Major
LAST SCHOOL ATTENDED (name):			City/State:	

**MILITARY SERVICE**

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

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: \_\_\_\_\_

## References

List any three work references who would be willing to provide a reference for you. (I.E. Former coworker or supervisor)

1. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

List any two personal references who would be willing to provide a reference for you.

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## APPLICANT CERTIFICATION

READ CAREFULLY BEFORE SIGNING

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 authorize **RBC Sand & Gravel Inc. dba Bitterroot Rock & Ready Mix** to contact former employers and educational organizations regarding my employment and education. I also authorize schools, former employers, former supervisor, and co-workers to provide any and all information pertinent to my being considered for employment and hereby release those providing information from any liability to do so. 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 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 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.

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Applicant's Signature

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Applicant's Printed Name

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Date