

APPLICATION FOR EMPLOYMENT



STI TRUCKING
1418 North Highway 91
Shelly, ID 83274
Phone: 208-357-5889
Fax: 208-357-5897

Date of Application: _____
Date Available for Hire: _____
Driver License (DL) Number: _____
DL Issue State: _____
DL Expiration Date: _____
CDL A: _____
List Endorsements: _____
Position(s) Applied For: _____

PERSONAL INFORMATION

Full Name: _____
Birth Date: _____
Social Security Number: _____

Current Address: _____
City: _____
State: _____
Zip: _____
How Long at Address YR: _____

EDUCATION

Grade School - What Level Completed 1-8:
High School - What Level Completed 1-4:
College - What Level Completed 1-4:

Prospective Employee

Application for Employment

Superior Transportation Inc.

**1418 North Highway 91 - Shelley, ID
83274**



Name _____ Hire Available _____
(First) (Middle) (Maiden Name) (Last)

Address _____ # Years _____
(Street) (City) (State & Zip Code)

Date of Birth _____ Social Security Number _____

Previous Three Years Residency

Address _____ # Years _____
(Street) (City) (State & Zip Code)

Address _____ # Years _____
(Street) (City) (State & Zip Code)

Address _____ # Years _____
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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.

Do you have the legal right to work in the united states?: _____

Date of Birth _____. Can you provide proof of age?: _____

Have you ever worked for SUPERIOR TRANSPORTATION INC?: _____

If YES, dates from _____ to _____
Reason for leaving _____

Have you ever been bonded?: _____

If YES, Bonding company name: _____

Have you ever been convicted of a felony?

If YES, Please fully explain on a separate sheet of paper

Is there any reason that you might be unable to preform the function of the job for which you have applied?

If YES, Please explain if you wish

Driver's License Information

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES M/Y From To		APPROX. NO. OF MILES (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

Accident Record for Past Three Years

DATES	NATURE OF INCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES

Traffic Convictions and Forfeitures for the Past Three Years (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (Month/Year)	STATE OF VIOLATION (Location)	CHARGE/VIOLATION	PENALTY (Forfeited Bond, Collateral and/or Points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

B. Has any license, permit or privilege ever been suspended or revoked?

(If the answer to either a or b is yes, attach statement giving details)

List all states operated in for past five years:

Safe driving awards 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:

List Special Equipment or technical materials your can work with:

EDUCATION

Highest level of grade school completed: _____ High School: _____

College: _____

Last school attended: _____ City/State: _____

TO BE READ AND SIGNED BY APPLICANT

This application was completed by me. All entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE _____ Date _____

TO BE READ AND SIGNED BY APPLICANT

I authorize SUPERIOR TRANSPORTATION INC to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of SUPERIOR TRANSPORTATION INC.

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 (b) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected previous employers and for those previous employers to resend the correct information to SUPERIOR TRANSPORTATION INC; 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:

Applicant Hired: _____ Rejected: _____

Date Employed: _____ Point Employed: _____

Department (if rejected, summary): _____ Classification: _____

If rejected, Summary report should be placed in file.

SIGNATURE OF INTERVIEWING OFFICER: _____

Employment Record

Note: Applicants who desire to drive in intrastate/interstate commerce must provide the following information on all employers during the preceding three (3) years. They must give the same information for all employers they have driven a commercial motor vehicle for the seven years prior to the initial three years (total of 10 years employment record).

List employers in reverse order starting with time most recent. (Add another sheet if necessary)

MOST RECENT EMPLOYER:

Name: _____

Address: _____ City: _____ State: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons For Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Was the previous job position designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

PREVIOUS EMPLOYER:

Name: _____

Address: _____ City: _____ State: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons For Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Was the previous job position designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

PREVIOUS EMPLOYER:

Name: _____

Address: _____ City: _____ State: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons For Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Was the previous job position designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

PREVIOUS EMPLOYER:

Name: _____

Address: _____ City: _____ State: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons For Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Was the previous job position designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Includes vehicles having a GVWRR of 26,001lbs 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.

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 10,001lbs or more. (2) is designed or used to transport more than 8 passengers (including the drivers), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Release For P.S.P

1. In connection with your application for employment with SUPERIOR TRANSPORTATION INC Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA)

When the application for employment is submitted in person, if SUPERIOR TRANSPORTATION INC uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, SUPERIOR TRANSPORTATION INC will provide you a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, SUPERIOR TRANSPORTATION INC will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer or other similar means, if SUPERIOR TRANSPORTATION INC uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, SUPERIOR TRANSPORTATION INC must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from SUPERIOR TRANSPORTATION INC who procured the report, then, within three (3) business days of receiving your request, together with proper identification, SUPERIOR TRANSPORTATION INC must send or provide you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

2. I authorize SUPERIOR TRANSPORTATION INC to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist SUPERIOR TRANSPORTATION INC to. Make a determination regarding my suitability as an employee.
3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a state, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate state for adjudication.
4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all commercial motor vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain on a PSP report.

— — —

I have read the above notice regarding background reports provided to me by SUPERIOR TRANSPORTATION INC and understand that if I sign this consent form, SUPERIOR TRANSPORTATION INC may obtain a report of my crash and inspection history, I hereby authorize SUPERIOR TRANSPORTATION INC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

DATE: _____

SIGNATURE _____

NAME _____

Drivers License Number _____

MVR RELEASE CONSENT FORM

In conjunction with my employment at SUPERIOR TRANSPORTATION INC, I _____ (Employee/Applicant name) consent to the release of my Motor Vehicle Record (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. “Federal Drivers privacy Protection Act”, and is intended to constitute “written consent “ as required by this Act.

Employee/Applicant Signature

Date

Date of Birth

Last 4 digits of Social Security Number

Drivers License Number

License Expiration Date

Issue State

CONTROLLED SUBSTANCE & ALCOHOL

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/ CONSENT FORM

As a condition of employment with Superior Transportation Inc, Motor Carrier, Commercial Motor Vehicle (CMV) driver applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing under any of numerous situations including but not limited to the following:

Post-Accident - Section 382.303

Random - Section 382.305

Reasonable Suspicion - Section 382.307

Return to Duty - Section 382.309

Follow-up - Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for a any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40 Subpart 0

Name: Chatterton, Kelly - ICADC, CADC, SAP
Address: 645 W. Clark Street Pocatello, ID 83204
Email: chattertonkelly@yahoo.com
Phone: 208-339-4632

Name: Condron, John
Address: 440 E. Clark St. Ste. A, (corner of 4th and Clark) Pocatello, ID 83201
Email: jcondronlcpc@hushmail.com
Phone: 208-240-0237

Name: Smith, Deanna - LCSW, SAP
Address: 214 East Center, Suite 40 Pocatello, ID 83201
Email: deannasmithlcs@gmail.com
Phone: 208-241-7681

Name: Walker, Gerlyn - LPC, ICADC, SAP
Address: 414 North Lincoln Ave Suite 2, or 414 North Lincoln Ave Suite 3 Jerome, ID 83338
Email: samwkrc@gmail.com
Phone: 208-536-0536

CONTROLLED SUBSTANCE & ALCOHOL CONTINUED...

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above CONTROLLED SUBSTANCE & ALCOHOL testing requirements and understand them. I acknowledge receipt of the referrals list of substance abuse professionals.

Applicant's Signature

Date

Employer's Representative Signature

Date

PAST EMPLOYER VERIFICATION

Company _____ Address _____ City _____

Phone _____ Fax _____

Date _____ Additional requests _____

Date _____ Mailed _____ Faxed _____ Other _____

TO BE FILLED OUT BY CURRENT OR PREVIOUS EMPLOYER.

Please verify the current/previous employment for the above named person and return to:
Robb LaPier STI at stisafety02@gmail.com / Cell# 208-541-4271

Dates of employment from _____ to _____ Position held _____

Reason for separation _____ Comments _____

Please complete section below for driving jobs only

Type of driving position: OTR _____ Regional _____ Local _____ Other _____

Type of equipment operated: Semi-Tractor _____ Straight Truck _____ Other _____

Type of trailer(s) pulled: Van _____ Flatbed _____ Reefer _____ Tanker _____ Other _____

Number of accidents: None _____ DOT _____ DOT _____ Other _____

Date Preventable/Non-preventable Injuries/Fatalities Detail

1. _____

2. _____

3. _____

For the preceding 36 months only:

Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater Yes _____. No _____.

Has this person ever tested positive for controlled substance? Yes _____. No _____.

Has this person ever refused a required test for drugs or alcohol? Yes _____. No _____.

Has this person ever violated any other provision of DOT testing to your knowledge? Yes _____. No _____.

I hereby authorize STI Trucking to do a complete background investigation, which includes contacting my past employers regarding my service, character, and drug and alcohol test results as per Federal Motor section 391.23 and 382.413. My past employers are released from all and any liability, which may result from furnishing such information. I authorize STI Trucking to run a consumer report from USIS (DAC) services. These reports may include information concerning driving record, work experience, and motor vehicle reports.

Signature _____

Date _____

PAST EMPLOYER VERIFICATION

Company _____ Address _____ City _____

Phone _____ Fax _____

Date _____ Additional requests _____

Date _____ Mailed _____ Faxed _____ Other _____

TO BE FILLED OUT BY CURRENT OR PREVIOUS EMPLOYER.

Please verify the current/previous employment for the above named person and return to:
Robb LaPier STI at stisafety02@gmail.com / Cell# 208-541-4271

Dates of employment from _____ to _____ Position held _____

Reason for separation _____ Comments _____

Please complete section below for driving jobs only

Type of driving position: OTR _____ Regional _____ Local _____ Other _____

Type of equipment operated: Semi-Tractor _____ Straight Truck _____ Other _____

Type of trailer(s) pulled: Van _____ Flatbed _____ Reefer _____ Tanker _____ Other _____

Number of accidents: None _____ DOT _____ DOT _____ Other _____

Date Preventable/Non-preventable Injuries/Fatalities Detail

1. _____

2. _____

3. _____

For the preceding 36 months only:

Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater Yes _____. No _____.

Has this person ever tested positive for controlled substance? Yes _____. No _____.

Has this person ever refused a required test for drugs or alcohol? Yes _____. No _____.

Has this person ever violated any other provision of DOT testing to your knowledge? Yes _____. No _____.

I hereby authorize STI Trucking to do a complete background investigation, which includes contacting my past employers regarding my service, character, and drug and alcohol test results as per Federal Motor section 391.23 and 382.413. My past employers are released from all and any liability, which may result from furnishing such information. I authorize STI Trucking to run a consumer report from USIS (DAC) services. These reports may include information concerning driving record, work experience, and motor vehicle reports.

Signature _____

Date _____

PAST EMPLOYER VERIFICATION

Company _____ Address _____ City _____

Phone _____ Fax _____

Date _____ Additional requests _____

Date _____ Mailed _____ Faxed _____ Other _____

TO BE FILLED OUT BY CURRENT OR PREVIOUS EMPLOYER.

Please verify the current/previous employment for the above named person and return to:
Robb LaPier STI at stisafety02@gmail.com / Cell# 208-541-4271

Dates of employment from _____ to _____ Position held _____

Reason for separation _____ Comments _____

Please complete section below for driving jobs only

Type of driving position: OTR _____ Regional _____ Local _____ Other _____

Type of equipment operated: Semi-Tractor _____ Straight Truck _____ Other _____

Type of trailer(s) pulled: Van _____ Flatbed _____ Reefer _____ Tanker _____ Other _____

Number of accidents: None _____ DOT _____ DOT _____ Other _____

Date Preventable/Non-preventable Injuries/Fatalities Detail

1. _____

2. _____

3. _____

For the preceding 36 months only:

Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater Yes _____. No _____.

Has this person ever tested positive for controlled substance? Yes _____. No _____.

Has this person ever refused a required test for drugs or alcohol? Yes _____. No _____.

Has this person ever violated any other provision of DOT testing to your knowledge? Yes _____. No _____.

I hereby authorize STI Trucking to do a complete background investigation, which includes contacting my past employers regarding my service, character, and drug and alcohol test results as per Federal Motor section 391.23 and 382.413. My past employers are released from all and any liability, which may result from furnishing such information. I authorize STI Trucking to run a consumer report from USIS (DAC) services. These reports may include information concerning driving record, work experience, and motor vehicle reports.

Signature _____

Date _____

PAST EMPLOYER VERIFICATION

Company _____ Address _____ City _____

Phone _____ Fax _____

Date _____ Additional requests _____

Date _____ Mailed _____ Faxed _____ Other _____

TO BE FILLED OUT BY CURRENT OR PREVIOUS EMPLOYER.

Please verify the current/previous employment for the above named person and return to:
Robb LaPier STI at stisafety02@gmail.com / Cell# 208-541-4271

Dates of employment from _____ to _____ Position held _____

Reason for separation _____ Comments _____

Please complete section below for driving jobs only

Type of driving position: OTR _____ Regional _____ Local _____ Other _____

Type of equipment operated: Semi-Tractor _____ Straight Truck _____ Other _____

Type of trailer(s) pulled: Van _____ Flatbed _____ Reefer _____ Tanker _____ Other _____

Number of accidents: None _____ DOT _____ DOT _____ Other _____

Date Preventable/Non-preventable Injuries/Fatalities Detail

1. _____

2. _____

3. _____

For the preceding 36 months only:

Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater Yes _____. No _____.

Has this person ever tested positive for controlled substance? Yes _____. No _____.

Has this person ever refused a required test for drugs or alcohol? Yes _____. No _____.

Has this person ever violated any other provision of DOT testing to your knowledge? Yes _____. No _____.

I hereby authorize STI Trucking to do a complete background investigation, which includes contacting my past employers regarding my service, character, and drug and alcohol test results as per Federal Motor section 391.23 and 382.413. My past employers are released from all and any liability, which may result from furnishing such information. I authorize STI Trucking to run a consumer report from USIS (DAC) services. These reports may include information concerning driving record, work experience, and motor vehicle reports.

Signature _____

Date _____