

Noon Ranch Trucking Commercial Motor Vehicle Driver Application

Name _____ Date _____

Phone _____ Emergency Contact _____

Date of Birth _____ SSN _____

Have you ever been convicted of a felony? YES NO

If yes, please explain fully on a separate sheet of paper.

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

Physical Exam Expiration Date _____ Driver's License Number _____

State and Expiration Date _____

Please List current address, and any previous addresses, for the last 3 years:

| Address | City, State, Zip | From Date | To Date |
|---------|------------------|-----------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you ever worked for this company before? Y N If so, list dates: from _____ to _____

Education: Circle Highest Grade/Degree Completed below

1 2 3 4 5 6 7 8 9 10 11 Diploma/GED Some College Associate's Bachelor's Other _____

Note to Applicants: Applicants for positions that require driving a commercial motor vehicle (CMV) at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment. Applicants will also be asked to sign forms for release of information from previous employers in all cases where driving a CMV was one of your functions. Failure to sign and complete all required forms will prevent this employer from using you as a CMV driver. The information provided on this application may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of §391.23.

EMPLOYMENT HISTORY: Give a **COMPLETE** record of ALL employment for the past (3) three years,
and ALL COMMERCIAL DRIVING EXPERIENCE within the past (10) ten years.

Present or Last Employer

Name _____ Month/YR START _____ Month/Year END _____

Address _____ Position Held _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? ☐ 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 49CFR Part 40? ☐ YES ☐ No

Supervisor _____

Previous Employer

Name _____ Month/YR START _____ Month/Year END _____

Address _____ Position Held _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? ☐ 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 49CFR Part 40? ☐ YES ☐ No

Supervisor _____

Previous Employer

Name _____ Month/YR START _____ Month/Year END _____

Address _____ Position Held _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? ☐ 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 49CFR Part 40? ☐ YES ☐ No

Supervisor _____

Previous Employer

Name _____ Month/YR START _____ Month/Year END _____

Address _____ Position Held _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? ☐ 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 49CFR Part 40? ☐ YES ☐ No

Supervisor _____

Previous Employer

Name _____ Month/YR START _____ Month/Year END _____

Address _____ Position Held _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? ☐ 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 49CFR Part 40? ☐ YES ☐ No

Supervisor _____

Previous Employer

Name _____ Month/YR START _____ Month/Year END _____

Address _____ Position Held _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? ☐ 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 49CFR Part 40? ☐ YES ☐ No

Supervisor _____

****Attach additional sheet(s) if needed****

Note: Drivers have the right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

JOB REFERENCES

List three (3) people we can contact as references, other than family or friends.

Name _____ Phone _____ Company _____

Name _____ Phone _____ Company _____

Name _____ Phone _____ Company _____

DRIVING RECORD

Accidents: PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE)

| DATES (Month/Year) | NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL | At Fault? Yes or No |
|--------------------|---|------------|----------|-----------------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Traffic Convictions: PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHICLE VIOLATIONS FOR WHICH YOU WERE CONVICTED OR PLED GUILTY TO DURING THE PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) - (IF NONE, WRITE, NONE)

| DATES (Month/Year) | LOCATION | CHARGE/ OFFENSE | PENALTY/POINTS |
|--------------------|----------|-----------------|----------------|
| | | | |
| | | | |
| | | | |

Experience and Qualifications-Driver (ATTACH SHEET IF MORE SPACE IS NEEDED) LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

| DRIVER LICENSES | STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|--------------------|-------|----------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege of yours ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS BELOW:

Driving Experience: INDICATE YOUR EXPERIENCE DRIVING COMMERCIAL VEHICLES BELOW

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | Date From | Date To | APPROX.NO.OF MILES (TOTAL) |
|----------------------|---|-----------|---------|----------------------------|
| TRACTOR AND TRAILER | | | | |
| TRACTOR-TWO TRAILERS | | | | |
| OTHER | | | | |

DRUG AND ALCOHOL INFORMATION

In the previous three (3) years have you:

1. Violated the Alcohol and Control Substance Policy of any employer? YES NO NA
2. Failed to undertake/complete a rehabilitation program prescribed pursuant to 49CFR 382.605? YES NO NA
3. Had an alcohol test result of 0.04 or higher? YES NO
4. Had a Verified Positive Drug Test? YES NO
5. Refused to test (including verified adulterated or substituted drug test result)? YES NO

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that applicants for positions that require driving a commercial motor vehicle (CMV) at any time will be required to undergo controlled substances and at our discretion, alcohol testing, prior to employment, and will be subject to further testing throughout their period of employment. Failure to abide by Noon Ranch Trucking's Safety, Alcohol and Drug Policies may result in immediate dismissal. Applicants will also be asked to sign forms for release of information from the DMV as well as previous employers in all cases where driving a CMV was one of your functions. Failure to sign will prevent this employer from using you as a CMV driver.

My signature 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.

Applicant Signature_____

Date_____

.....
Hired? Yes No

Hire Date _____