

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(Print Legibly)



P.O. Box 35
Wamsutter, WY 82336
(307)324-5070 Fax: (307)324-5664

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 authorize you 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, inquires 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 my 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 the Company (Haystacks, 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(d) and (e), I understand that 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 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.

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 _____ DATE _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ DATE REPORT COMPLETED _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS—PLEASE PRINT LEGIBLY)

Position(s) Applied for: _____ Location: _____

Name: _____ Phone # _____

Social Security No.: _____ E-mail Address: _____

List your addresses of residency for the past three (3) years.

Current Address _____
Street City

State Zip Code How Long? _____

Previous Addresses: _____ How Long? _____
Street City State & Zip Code

Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers and Insurance purposes)

Have you worked for this company before? _____ Where? _____ Position? _____

Dates: From _____ To _____ Rate of Pay _____ Name of Supervisor: _____

Reason for Leaving: _____

Currently employed: _____ If not, how long since you have worked: _____

Who referred you? _____ Rate of Pay Expected: _____

Have you ever been convicted of a felony? _____

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.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

All driver applicants must provide information on all employers for the past three (3) years. Space is provided on the next page for complete information on employers including complete mailing address, street number, city, state and zip code. Applicants being considered to drive Commercial Vehicles* must provide seven (7) years information on employers. If the following page does not provide sufficient space, please provide an additional sheet that includes the completed information.

**Includes vehicles having a GVWR 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.*

EMPLOYMENT HISTORY

EMPLOYER			DATE (MO/YR)	
NAME			From	To
ADDRESS			Position	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON			PHONE NUMBER	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
	YES	NO		
EMPLOYER			DATE (MO/YR)	
NAME			From	To
ADDRESS			Position	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON			PHONE NUMBER	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
	YES	NO		
EMPLOYER			DATE (MO/YR)	
NAME			From	To
ADDRESS			Position	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON			PHONE NUMBER	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
	YES	NO		
EMPLOYER			DATE (MO/YR)	
NAME			From	To
ADDRESS			Position	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON			PHONE NUMBER	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
	YES	NO		
EMPLOYER			DATE (MO/YR)	
NAME			From	To
ADDRESS			Position	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON			PHONE NUMBER	
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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
	YES	NO		

**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 more than 8 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 ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
Most Recent				
Next Recent				
Next Recent				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS --DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENTS	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		APPROX. NO. OF MILES (TOTAL)
	YES	NO		FROM (M,Y)	TO (M,Y)	
STRAIGHT TRUCK	YES	NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & 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	YES	NO (> 8 PSSNGR)				
MOTORCOACH-SCHOOL BUS	YES	NO (>15 PSSNGRS)				
OTHER						

LIST STATES OPERATED IN DURING LAST FIVE (5) YEARS: _____

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

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

EXPERIENCE & QUALIFICATIONS-OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THEM MAY HELP YOU WORK FOR THIS COMPANY: _____

LIST COURSES & TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH THAT HAVE NOT BEEN INDICATED ELSEWHERE: _____

EDUCATION

CHOOSE HIGHEST GRADE COMPLETED: HIGH SCHOOL: COLLEGE: OTHER: _____

LAST SCHOOL ATTENDED: _____

TO BE READ & 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 at the time this application was filled out, to the best of my knowledge.

Signature: _____ Date: _____