



5033 Jackson Street Williston, ND 58801

## Application for Employment: Non-Dot/General Application

### Job Requirements:

- \*Speak, write and understand the English language proficiently.
- \*Have a smart phone with picture, voice text messaging and blue tooth capabilities.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Previous Three Years of Residency

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years: \_\_\_\_\_

### License Information

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Driving Experience

Accident Record/Traffic Convictions for Past Three Years (attach sheet if more space is needed)

Date Convicted	Nature of Accident/Violation	State of Violation/Location	Penalty/Comments

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

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

Have any drug test (pre-employment, scheduled, random, or other drug test) conducted in the preceding two years resulted in a positive test result or refusal to test?    Yes            No

### Employment Record (Please list the past three years of employment history.

Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Subject to FMCSR'S: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Second Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR'S: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

Third Last Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR'S: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: \_\_\_\_\_

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?    Yes            No

### To be Read and Signed by Applicant

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I hereby authorize **E-Style Transport, LLC** and its designated agents and representatives to conduct a comprehensive review of my background as condition of my employment with **E-Style Transport, LLC**. I understand that the scope of the background investigation may include, but not limited to the following areas: verification of social security number, credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public or private records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **E-Style Transport, LLC**, it's leadership/management team, and/or its agents as necessary in evaluating my qualifications for employment. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Including: verification of social security number, credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public or private records. **E-Style Transport, LLC** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information.

"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 current/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."

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Effective November 1, 2016

## Drug & Alcohol Free Workplace

It is the policy of G-Style Transport / E-Style Transport (hereinafter referred collectively to as “Company”) to have a drug and alcohol free working environment. For all commercially licensed drivers, the use of controlled substances or alcohol is regulated by the FMCSA and it is the company’s policy to adhere strictly to these federal guidelines. In addition, the possession, use and/or consumption of drugs and/or alcohol in the workplace can cause vehicular accidents, injuries, illness, absenteeism and overall poor work performance issues. Therefore, it is company policy to require all employees to adhere to these strict guidelines.

### **Pre-Employment and Random Drug Testing Policy Highlights**

- Every employee will be required to read, understand and comply with the requirements set forth in the companies detailed drug and alcohol policy prior to beginning employment
- Every employee will be required to pass a pre-employment drug test
- Every employee will be required to comply with the company’s Reasonable Suspicion Testing Policy
- Every employee will be placed into a random testing pool
- Every employee will be required to comply with a return to duty drug test after extensive time off
- Employees will not use alcohol within 4 hours of reporting to work.
- Any employee with an alcohol test result of 0.02 or greater will result in the immediate removal from work
- Any employee who refuses a drug test is considered a **positive test result**.

\*\*\* Bottom line is the company requires **all** employees to adhere to a strict drug and alcohol free work environment \*\*\*