

DOT DRIVER'S APPLICATION FOR EMPLOYMENT

RAM-Co
Fort Lupton, CO

Applicant Name
(print)

Date of Application _____

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, 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 the Company.

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 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
(Be sure to answer all questions – please print)

NAME: _____
 (First) (Middle) (Maiden Name, if any) (Last)

CURRENT ADDRESS: _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

TELEPHONE NUMBER: _____ CELL NUMBER: _____

IN CASE OF EMERGENCY CONTACT: _____ TELEPHONE NUMBER: _____

ADDRESS FOR PAST THREE YEARS (Street) (City) (State & Zip Code) HOW LONG? _____
 (Street) (City) (State & Zip Code) HOW LONG? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate & intrastate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing addresses, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle¹ in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

PLEASE LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.

EMPLOYER			DATE	
NAME	FROM MONTH	YEAR	TO MONTH	YEAR
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING _____	
WERE YOU SUBJECT TO THE FMCSRS ² WHILE EMPLOYED?			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 49 CFR PART 40? YES NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MONTH	YEAR	MONTH	YEAR
CITY	STATE	ZIP	POSITION HELD			
CONTACT PERSON			SALARY/WAGE			
PHONE NUMBER			REASON FOR LEAVING _____			
WERE YOU SUBJECT TO THE FMCSRS ² WHILE EMPLOYED? 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 49 CFR PART 40? YES U NO U						

EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MONTH	YEAR	MONTH	YEAR
CITY	STATE	ZIP	POSITION HELD			
CONTACT PERSON			SALARY/WAGE			
PHONE NUMBER			REASON FOR LEAVING _____			
WERE YOU SUBJECT TO THE FMCSRS ² WHILE EMPLOYED? 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 49 CFR PART 40? YES U NO U						

EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MONTH	YEAR	MONTH	YEAR
CITY	STATE	ZIP	POSITION HELD			
CONTACT PERSON			SALARY/WAGE			
PHONE NUMBER			REASON FOR LEAVING _____			
WERE YOU SUBJECT TO THE FMCSRS ² WHILE EMPLOYED? 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 49 CFR PART 40? YES U NO U						

EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MONTH	YEAR	MONTH	YEAR
CITY	STATE	ZIP	POSITION HELD			
CONTACT PERSON			SALARY/WAGE			
PHONE NUMBER			REASON FOR LEAVING _____			
WERE YOU SUBJECT TO THE FMCSRS ² WHILE EMPLOYED? 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 49 CFR PART 40? YES NO						

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 or intrastate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed to transport 9 or more passengers, 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 MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

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 List all driver

licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 **U**

IF THE ANSWER TO EITHER A OR B IS YES, GIVE
 DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	Yes U No U	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX NO. OF MILES (TOTAL)
			From (M/Y)	To (M/Y)	
STRAIGHT TRUCK	Yes U No U	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER	Yes U No U	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS	Yes U No U	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS	Yes U No U	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH – SCHOOL BUS *	Yes U No U	---			
MOTORCOACH – SCHOOL BUS **	Yes U No U	---			
OTHER					

*More than 8 passengers **More than 15 passengers

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

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

WHICH SAFE DRIVING AWARDS DO 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 OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED:
(Name)

(City, State)

TO BE READ AND 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 to the best of my knowledge.

Signature:

Date:

Application Valid 30 days