

# **Driver's Employment Application**

CityServiceValcon, LLC. (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

I am submitting this application for employment to: **CityServiceValcon, LLC**  
**PO Box 1, Kalispell MT 59903**

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 \_\_\_\_\_ Voluntary Quit \_\_\_\_\_ Other \_\_\_\_\_  
Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_



**EMPLOYMENT HISTORY (continued)**

<b>EMPLOYER</b>		<b>DATE</b>	
Name		From: Mo__ Yr__	To: Mo__ Yr__
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Were you subject to the FMCRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>EMPLOYER</b>		<b>DATE</b>	
Name		From: Mo__ Yr__	To: Mo__ Yr__
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Were you subject to the FMCRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>EMPLOYER</b>		<b>DATE</b>	
Name		From: Mo__ Yr__	To: Mo__ Yr__
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Were you subject to the FMCRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>EMPLOYER</b>		<b>DATE</b>	
Name		From: Mo__ Yr__	To: Mo__ Yr__
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for Leaving
Were you subject to the FMCRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**NOTE:** Attach sheet if more space is needed

\*Includes vehicles having a GVWR of 26,001 lbs. 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.

†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 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  
 If the answer to either A or B is yes, give details \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CHOOSE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM M/Y	TO M/Y	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH – SCHOOL BUS (more than 8 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	-			
MOTORCOACH – SCHOOL BUS (more than 15 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	-			
OTHER _____				

List states operated in for last five 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**

Choose 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: \_\_\_\_\_

## APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires us to maintain records relevant to the determinations of whether unlawful employment practices have been or are being committed. The following survey helps to fulfill these requirements. For additional information, please refer to the following page.

This applicant survey is **voluntary** and will be separated from your application. The survey information will be kept confidential, used only for statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices.

### 1. **JOB APPLIED FOR:**

Job Title: \_\_\_\_\_ Closing Date: \_\_\_\_\_

### 2. **HOW DID YOU FIRST LEARN OF THIS POSITION?**

- (A) Newspaper ad                       (D) Inquiry                       (G) Internet/intranet  
 (B) Friend/employee                       (E) Relative  
 (C) Employment agency                       (F) Other (specify) - \_\_\_\_\_

### 3. (M) **MALE**    (F) **FEMALE**

### 4. **DATE OF BIRTH** (month/day/year): \_\_\_\_\_

### 5. **RACE / ETHNICITY**

Please check the one box that best describes your race/ethnicity:

- (I) **American Indian or Alaskan Native**
- (A) **Asian**
- (N) **Native Hawaiian or other Pacific Islanders**
- (B) **Black** (Not of Hispanic origin)
- (S) **Spanish** (Hispanic)
- (W) **White** (Not of Hispanic origin)
- (T) **Two or More Races**

### 6. **VETERAN STATUS**

Have you served in the U.S. Military?  Yes  No  
(see following page)

## **SELF-IDENTIFICATION**

This CityServiceValcon is a government contractor subject to §503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Act of 1974, as amended, which require government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, disabled veterans, recently separated veterans, other protected veterans, and Armed Forces service medal veterans.

If you are a recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The term "recently separated veteran" refers to any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty. The term "other protected veteran" refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense. The term "Armed Forces service medal veteran" refers to a person who, while serving on active duty in the Armed Forces, participate in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).