

# MOUNTAIN STATES MOVING & STORAGE / DBA QUICK TRANSPORTATION

## APPLICATION FOR DRIVER EMPLOYMENT

2670 South 3270 West, Salt Lake City, UT 84119

<b>APPLICANT NAME (PRINT)</b>	<b>DATE OF APPLICATION</b>

*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 CFR391.23 (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
- 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.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### FOR COMPANY USE

PROCESS RECORD			
<b>APPLICANT HIRED</b>		<b>REJECTED</b>	
<b>DATE EMPLOYED</b>		<b>POINT EMPLOYED</b>	
<b>DEPARTMENT</b> <small>(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)</small>		<b>CLASSIFICATION</b>	
<b>SIGNATURE OF INTERVIEWING OFFICER</b>			

### TERMINATION OF EMPLOYMENT

<b>DATE TERMINATED</b>		<b>DEPT RELEASED FROM</b>	
<b>DISMISSED</b>		<b>VOLUNTARY QUIT</b>	
<b>OTHER</b>		<b>SUPERVISOR</b>	
<b>TERMINATION REPORT PLACED IN FILE</b>			

**APPLICANT TO COMPLETE**  
(ANSWER ALL QUESTIONS – PLEASE PRINT)

Position(s) Applied For			
NAME			
	First	Middle	Last
Phone Number			
Social Security Number			

List your addresses of residency for the past 3 years:

CURRENT ADDRESS	STREET	CITY	STATE / ZIP CODE	HOW LONG (YRS./MO.)
PREVIOUS				

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

Date of Birth (Mo/Day/Year): \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

*\*Required for Commercial Drivers*

Have you worked for this company before? \_\_\_\_\_

Dates: FROM \_\_\_\_\_ TO \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you currently employed? \_\_\_\_\_ If not, how long has it been since last employment? \_\_\_\_\_

Did anyone refer 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? \_\_\_\_\_

If yes, please explain if you wish: \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address; including street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate (within state) or interstate (out of state) commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

**\*NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.**

EMPLOYER NAME	ADDRESS CITY / STATE / ZIP CODE	DATE	FROM (MO/YR) TO (MO/YR)
		PHONE NUMBER	
		SALARY/WAGE	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs <sup>+</sup> 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER NAME</b>			
<b>ADDRESS</b>		<b>DATE</b>	<b>FROM (MO/YR)</b>
<b>CITY / STATE / ZIP CODE</b>			<b>TO (MO/YR)</b>
<b>CONTACT</b>		<b>PHONE NUMBER</b>	
<b>POSITION</b>		<b>SALARY/WAGE</b>	
<b>REASON FOR LEAVING</b>			
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER NAME</b>			
<b>ADDRESS</b>		<b>DATE</b>	<b>FROM (MO/YR)</b>
<b>CITY / STATE / ZIP CODE</b>			<b>TO (MO/YR)</b>
<b>CONTACT</b>		<b>PHONE NUMBER</b>	
<b>POSITION</b>		<b>SALARY/WAGE</b>	
<b>REASON FOR LEAVING</b>			
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER NAME</b>			
<b>ADDRESS</b>		<b>DATE</b>	<b>FROM (MO/YR)</b>
<b>CITY / STATE / ZIP CODE</b>			<b>TO (MO/YR)</b>
<b>CONTACT</b>		<b>PHONE NUMBER</b>	
<b>POSITION</b>		<b>SALARY/WAGE</b>	
<b>REASON FOR LEAVING</b>			
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER NAME</b>			
<b>ADDRESS</b>		<b>DATE</b>	<b>FROM (MO/YR)</b>
<b>CITY / STATE / ZIP CODE</b>			<b>TO (MO/YR)</b>
<b>CONTACT</b>		<b>PHONE NUMBER</b>	
<b>POSITION</b>		<b>SALARY/WAGE</b>	
<b>REASON FOR LEAVING</b>			
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER NAME</b>			
<b>ADDRESS</b>		<b>DATE</b>	<b>FROM (MO/YR)</b>
<b>CITY / STATE / ZIP CODE</b>			<b>TO (MO/YR)</b>
<b>CONTACT</b>		<b>PHONE NUMBER</b>	
<b>POSITION</b>		<b>SALARY/WAGE</b>	
<b>REASON FOR LEAVING</b>			
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**EMPLOYMENT HISTORY (CONT. ON NEXT PAGE)**

EMPLOYER NAME			
ADDRESS CITY / STATE / ZIP CODE		DATE	FROM (MO/YR) TO (MO/YR)
CONTACT		PHONE NUMBER	
POSITION		SALARY/WAGE	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME			
ADDRESS CITY / STATE / ZIP CODE		DATE	FROM (MO/YR) TO (MO/YR)
CONTACT		PHONE NUMBER	
POSITION		SALARY/WAGE	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME			
ADDRESS CITY / STATE / ZIP CODE		DATE	FROM (MO/YR) TO (MO/YR)
CONTACT		PHONE NUMBER	
POSITION		SALARY/WAGE	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME			
ADDRESS CITY / STATE / ZIP CODE		DATE	FROM (MO/YR) TO (MO/YR)
CONTACT		PHONE NUMBER	
POSITION		SALARY/WAGE	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME			
ADDRESS CITY / STATE / ZIP CODE		DATE	FROM (MO/YR) TO (MO/YR)
CONTACT		PHONE NUMBER	
POSITION		SALARY/WAGE	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs† 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 CFT PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*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 on 10,001 lbs 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 for transport hazardous materials in a quantity requiring placarding.

## DRIVER EXPERIENCE & QUALIFICATION

DRIVER LICENSES			
<i>List all driver licenses or permits held in the past 3 years</i>			
TYPE	STATE	LICENSE NO.	EXPIRATION DATE

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

2. Have any license, permit or privilege ever been suspended or revoked?  YES  NO

If the answer to either #1 OR #2 is "YES", please give details: \_\_\_\_\_

DRIVING EXPERIENCE			
CLASS OF EQUIPMENT <small>(CHECK YES OR NO)</small>		TYPE OF EQUIPMENT <small>(CIRCLE)</small>	DATES <small>FROM (M/YR) TO (M/YR)</small>
			APPROX TOTAL MILES DRIVEN
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 / 2 TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	VAN / TANK / FLAT / DUMP / REFER	
TRACTOR / 3 TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	VAN / TANK / FLAT / DUMP / REFER	
MOTORCOACH / SCHOOL BUS <small>(MORE THAN 8 PASSENGERS)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	----	
MOTORCOACH / SCHOOL BUS <small>(MORE THAN 15 PASSENGERS)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	----	
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO		

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_

LIST STATES OPERATED IN FOR LAST 5 YEARS: \_\_\_\_\_

LIST ANY SPECIAL COURSES OR TRAINING YOU HAVE DONE THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD & FROM WHOM? \_\_\_\_\_

ACCIDENT REVIEW FOR PAST THREE YEARS – LIST IN REVERSE ORDER, MOST RECENT FIRST			
<i>(Attach sheet if more space is needed)</i>			
DATE	NATURE OF ACCIDENT <small>(Head-on, Rear-End, Upset, etc.)</small>	FATALITIES?	INJURIES?

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST THREE YEARS – LIST IN REVERSE ORDER, MOST RECENT FIRST			
<i>(Attach sheet if more space is needed)</i>			
DATE	LOCATION	CHARGE	PENALTY

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED					
GRADE	1 2 3 4 5 6 7 8	HIGH SCHOOL	1 2 3 4	COLLEGE	1 2 3 4
NAME LAST		CITY/STATE		DID YOU GRADUATE?	
SCHOOL ATTENDED					

**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.*

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_