

Chamley Pipe & Salvage
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Office Use Only!

Date Offered: _____
 Date Accepted: _____
 Date Hired: _____
 Manager Initials: _____
 Employee Starting Wage: _____

Employment Application

Note: A motor carrier may require an applicant to provide more information than what is required by the FMCSA (49CFR, Part 391.21©)

Position Applying for: _____

Name: _____ Date: _____

(Last, First, Middle Initial)

Address: _____ How Long? _____

City: _____ State: _____ Zip: _____

Social Security #: - _____ - _____ Date of Birth: _____

Cell #: _____ E-Mail: _____

Are you a US citizen? YES / NO If not, are you legally allowed to work in the U.S.? YES / NO

Have you worked for this company before? YES / NO If yes, when? _____

If under the age of 18, do you have a work permit? YES / NO

Type of Employment desired? Full time/Part time/Temp/Seasonal Salary Desired? _____

Have you ever plead "guilty", "no contest" or been convicted of a felony? _____

If yes, please give dates and details: _____

Answering yes to the above does not constitute an automatic rejection for employment. Date, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

DRIVERS'S LICENSE INFORMATION

DRIVER LICENSE INFORMATION MUST BE SHOWN FOR PAST 3 YEARS	STATE	LICENSE #	TYPE	EXPIRATION DATE

EXPERIENCE & QUALIFICATIONS – DRIVER – DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tanker, Flatbed, Etc.)	DATES – TO & FROM – OR SKIP TO NEXT BLOCK & PUT IN YEARS OF EXPERIENCE.	# OF MILES/YEARS OF OPERATION
STRAIGHT TRUCK			
TRACTOR; SEMI-TRAILERS			
TRACTOR; 2 TRAILERS			
OTHER			

ACCIDENT RECORD FOR THE PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

↑ ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED ↑

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	CHARGE	LOCATION	PENALTY

↑ ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED ↑

Circle one

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

C.) Have you, in the past 2 years, failed a DOT regulated drug or alcohol test? YES / NO

*If you answered "YES" to either A or B above, you must attach a separate sheet giving details.

NOTE: FMCSA REQUIRES THAT EMPLOYMENT FOR THE PAST 10 YEARS including CMV EXPERIENCE MUST BE SHOWN.

LAST EMPLOYER

COMPANY NAME:		
ADDRESS:	PHONE #:	
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? <u>YES / NO</u>		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? <u>YES / NO</u>		
REASON FOR LEAVING?		

SECOND TO LAST EMPLOYER

COMPANY NAME:		
ADDRESS:	PHONE #:	
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? <u>YES / NO</u>		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? <u>YES / NO</u>		
REASON FOR LEAVING?		

THIRD TO LAST EMPLOYER

COMPANY NAME:		
ADDRESS:	PHONE #:	
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? <u>YES / NO</u>		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? <u>YES / NO</u>		
REASON FOR LEAVING?		

NOTICE TO APPLICANT: AFTER OCTOBER 29TH, 2004 YOU MUST BE NOTIFIED OF YOUR DUE PROCESS RIGHTS AS SPECIFIED IN FMCS 391.23(I)
(SEE BELOW)

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous to re-send the corrected the information prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Driver who have previous Department of Transportation regulated employment history in the preceding three years, and with to review previous employer – provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged a pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

This is to be read and signed by the 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 SIGNATURE

DATE