

CDL Driver's Application for Employment**Name:**

LAST

FIRST

MIDDLE

Phone:**Email:****SSN:****DOB:**

List your addresses of residency for past 3 years (most current first)

Address:

ADDRESS

PO BOX/APT. #

CITY

STATE

ZIP CODE

ADDRESS

PO BOX/APT. #

CITY

STATE

ZIP CODE

ADDRESS

PO BOX/APT. #

CITY

STATE

ZIP CODE

Position(s) Applied For:**Referral Source:****Advertisement****Employment Agency****Relative/Friend****Other****To be Read and Signed by Applicant**

I authorize you to make such investigations and inquiries of my personal, employment, financial history and 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 also understand, that I am required to abide by all rules and regulations of High West Energy, Inc.

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.

It is the ongoing policy of High West Energy, Inc. to provide equal opportunity in employment to all employees and applicants. No person shall be discriminated against in any condition of employment because of age 40 and over, color, disability, gender identity, genetic information, military or veteran status, national origin, race, religion, sex, sexual orientation or any other applicable status protected by state or local law.

SIGNATURE OF APPLICANT

DATE

- 1). Are you lawfully authorized to work in the U.S.?..... YES NO
(Proof of citizenship or immigration status may be required upon employment)
- 2). Have you ever been employed here before?..... YES NO
If yes, position:
Date- From: _____ To: _____
Reason for leaving: _____
- 3). Are you related to a current High West Energy director or employee?..... YES NO
If yes, what is the relation?
- 4). Have you filled out an application here before?..... YES NO
If yes, when: _____
- 5). On what date would you be available for work?
- 6). Are you currently employed?..... YES NO
If not, how long since leaving last employment?
- 7). Have you ever been bonded?..... YES NO
If yes, name of company: _____
- 8). Is there any reason that you would be unable to perform the functions of the job
for which you have applied?..... YES NO
If yes, please explain on an attached document.

Employment History:

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please complete the boxes below. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers by most recent. Add another sheet if necessary.)

1	EMPLOYER	JOB TITLE	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? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS	CONTACT PERSON	
	PHONE	EMPLOYED FROM EMPLOYED TO	
	REASON FOR LEAVING	Were you subject to the FMCSRs** While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designated 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 operative a motor vehicle on a highway on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 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 to transport hazardous materials in a quantity requiring placarding.*

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EMPLOYER	JOB TITLE	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? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CONTACT PERSON	
PHONE	EMPLOYED FROM EMPLOYED TO	
REASON FOR LEAVING	Were you subject to the FMCSRs** While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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EMPLOYER	JOB TITLE	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? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CONTACT PERSON	
PHONE	EMPLOYED FROM EMPLOYED TO	
REASON FOR LEAVING	Were you subject to the FMCSRs** While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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EMPLOYER	JOB TITLE	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? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CONTACT PERSON	
PHONE	EMPLOYED FROM EMPLOYED TO	
REASON FOR LEAVING	Were you subject to the FMCSRs** While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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EMPLOYER	JOB TITLE	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? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CONTACT PERSON	
PHONE	EMPLOYED FROM EMPLOYED TO	
REASON FOR LEAVING	Were you subject to the FMCSRs** While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designated to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.*

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Accident Record: For each accident please provide date, nature of accident, fatalities, injuries, or hazardous materials spilled. If none, write none.

Traffic Convictions and forfeitures: For the past 3 years (other than parking violations; if none, write none.)

Dates	Location	Charge	Penalty

References

Please provide three professional references.

REFERENCE #1 NAME	YEARS KNOWN
JOB TITLE & EMPLOYER	RELATIONSHIP
ADDRESS	PHONE

REFERENCE #2 NAME	YEARS KNOWN
JOB TITLE & EMPLOYER	RELATIONSHIP
ADDRESS	PHONE

REFERENCE #3 NAME	YEARS KNOWN
JOB TITLE & EMPLOYER	RELATIONSHIP
ADDRESS	PHONE

Driver Experience and Qualifications

Drivers Licenses: List all licenses or permits held in last 3 years

State	License Number	Type	Expiration Date

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

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

If yes to either question, please explain on an attached document:

Driving Experience

Class of Equipment	Check yes or no	Check the type of equipment	Date From	Date To	Approx. # of Miles
Straight Truck	<input type="checkbox"/> YES <input type="checkbox"/> NO	Van, Tank, Flat, Dump, Refer			
Tractor and 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			
Motor coach 8+ people	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Motor coach 15+ people	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Other					

Please attach additional pages if needed

List states operated in for last five years:

Special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

List any trucking, transportation or other experience that may help in your work at High West Energy, Inc.

List courses and training not shown elsewhere on this application:

List special equipment or technical materials you can work with (other than already shown):

Education:

High School: 9 10 11 12 College: 1 2 3 4 5 + Trade School: 1 2 3 +

Last school attended:

NAME

CITY, STATE

State any additional information you feel may be helpful to us when considering your application:

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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

SIGNATURE OF APPLICANT

DATE

A typed name is sufficient for applications that are submitted electronically.