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Employment Application

Name: _____ Date: _____

To be Read and Signed by Applicant

I Authorize you to make such investigations and inquires to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires 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 investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I may have the right to:

Review information provided by current/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"

Applicant's Signature: _____ Date: _____

Name: _____ Positions Applied for: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date you can start: _____ Rate of Pay Expected: _____ Date of Birth (Commercial Drivers Only) _____

Previous Three years of Residency

Street	City	State/Zip Code	# of Years

(Attach Sheet if more space is needed)

General Information

Can you provide proof of Age? Yes No Do you have the legal right to work in the US? Yes No

Have you worked for this company before? Yes No Where? _____

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for Leaving: _____

Education (Enter highest grade Completed)

High School _____ College: _____ Other Education _____

Safety Training/Certificates: _____

References

(give names of three persons you are not related to, whom you have known for at least one year and we can contact)

Name	Address	Phone	Occupation

Have you been convicted of a Felony within the last 5 Years? Yes No If yes, please explain below, will not necessarily exclude you from consideration

Service Record

Branch of Service _____ Discharge Date & Rank _____

Employment Record

(Attach Sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce with a CDL must provide 10 years of employment history, all others a minimum of 3 years.

Previous Employer: (List Previous employers starting with the most recent)

Company name: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Rate: _____

Reason for Leaving: (required) _____

Any Gaps in employment and/or Unemployment must be explained. Include Dates (month/year) and Reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the pervious employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Previous Employer: (List Previous employers starting with the most recent)

Company name: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Rate: _____

Reason for Leaving: (required) _____

Any Gaps in employment and/or Unemployment must be explained. Include Dates (month/year) and Reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the pervious employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Employment Record

(Attach Sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce with a CDL must provide 10 years of employment history, all others a minimum of 3 years.

Previous Employer: (List Previous employers starting with the most recent)

Company name: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Rate: _____

Reason for Leaving: (required) _____

Any Gaps in employment and/or Unemployment must be explained. Include Dates (month/year) and Reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Previous Employer: (List Previous employers starting with the most recent)

Company name: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Rate: _____

Reason for Leaving: (required) _____

Any Gaps in employment and/or Unemployment must be explained. Include Dates (month/year) and Reason:

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

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Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Rate: _____

Reason for Leaving: (required) _____

Any Gaps in employment and/or Unemployment must be explained. Include Dates (month/year) and Reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

License Information

Section 383.21 FMSCR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Class	Endorsement (s)	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 the answer to either of the above is yes, explain details:

Number of years you've held a Commercial Drivers License (CDL) _____

List States operated in for the past five years: _____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Ect.)	Dates		Approx. No of Miles
		From (M/Y)	To (M/Y)	

Accident Record for Past 3 years or more (attach sheet if more space is needed)

Dates	Nature of Accident	Number of Fatalities	Number of Injuries	Hazardous Material Spills Yes or No

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Date Convicted	Violation (reckless/careless driving, etc.)	State of Violation	Penalty (Forfeited bond, revocation, suspension, Points)