



# Big Horn Co-op

Equal Opportunity Employer

## Driver Employment Application

Date: \_\_\_\_\_

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ Apt / Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number \_\_\_\_\_ 21 years old or older? Yes  No

Are You a citizen of the United States? Yes  No  Are you authorized to work in the U.S.? Yes  No

Have you ever worked for this company before? Yes  No  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, explain. \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_

Are you employed now? Yes  No  Date you can start: \_\_\_\_\_ Salary Desired \_\_\_\_\_

Ever applied to this company before? Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred By: \_\_\_\_\_

If Employed, would you consent to drug or alcohol testing? Yes  No

Have you ever been convicted of a felony? (If yes please explain on a separate sheet of paper. Conviction is not an automatic bar) Yes  No

### MILITARY SERVICE

Branch \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Reason if Other than Honorable \_\_\_\_\_

# LIST RESIDENCE FOR LAST 3 YEARS

(Note: Attach a separate sheet as necessary)

Current: Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? Years \_\_\_\_\_ Months \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? Years \_\_\_\_\_ Months \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? Years \_\_\_\_\_ Months \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. 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 in reverse order starting with the most recent. Add another sheet as necessary)

Employer \_\_\_\_\_ Date From(MM/YY): \_\_\_\_/\_\_\_\_ To(MM/YY): \_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \$ \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Were your subject to the FMCSRs\*\* while employed? Yes  No

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? Yes  No

Employer \_\_\_\_\_ Date From(MM/YY): \_\_\_\_/\_\_\_\_ To(MM/YY): \_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \$ \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Were your subject to the FMCSRs\*\* while employed? Yes  No

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? Yes  No

Employer \_\_\_\_\_ Date From(MM/YY): \_\_\_\_/\_\_\_\_ To(MM/YY): \_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \$ \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Were your subject to the FMCSRs\*\* while employed? Yes  No

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? Yes  No

\* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, 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) weights or has a GVWR of 10,001 lbs or more. (2) is designed or used to transport 9 or more passengers, 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)**

Date	Nature of Accident	Fatalities	Injuries	Hazmat Spill

**Traffic Convictions and forfeitures for past 3 years ( other than parking violations) if none, write none.**

Date	Location	Charge	Penalty

**Experience and Qualifications – Driver**

List all drivers licenses and permits held in the past 3 years.

State	License Number	Type	Expiration Date

**Driving Experience**

Class of Equipment	Yes	No	Circle Type	From (M/Y)	To (M/Y)	Total Miles
Straight Truck			Van Tank Flat Dump Reefer			
Tractor Trailer			Van Tank Flat Dump Reefer			
Doubles			Van Tank Flat Dump Reefer			
Triples			Van Tank Flat Dump Reefer			
Bus 8+ Passenger						
Bus 15 + Passenger						
Other						

List all states operated in for last 5 years. \_\_\_\_\_

List any special courses or other training that will help you as a driver. \_\_\_\_\_

List any safe driving awards. \_\_\_\_\_

**Disclaimer and Signature**

It is unlawful in the State of Wyoming to require or administer a lie detector test as a condition of employment or continued employment, any employer who violates this law shall be subject to criminal penalties and civil liability.  
 I certify that my answers are true and complete to the best of my knowledge. If employed, falsified statements on this application shall be grounds for dismissal.  
 I authorize investigation of all statements contained herein and the release of any pertinent information they may have, regarding my previous employment, and release all parties from all liability for any damage that may result from furnishing this information.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice and without cause.

I authorize Big Horn Cooperative Marketing Association to run a credit check prior to my possible employment. Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

# REQUEST FOR CHECK OF DRIVING RECORD

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I hereby authorize you to release the following information to: Big Horn Co-operative Marketing Association, for purposes of investigation as required by Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection act of 1994 (Public Law 103-322, Title XXX Section 300002(a)).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

The following named person has made application with our company for the position of \_\_\_\_\_.

In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_.

In accordance with Section 391.25, Federal Department of Transportation Regulations please furnish the undersigned with the employee's driving record for the past year.

Name of Applicant/Driver \_\_\_\_\_

Address \_\_\_\_\_

Former Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ License No. \_\_\_\_\_

Requested by:

Therese Mead  
Safety Manager  
Phone: 1 (307) 765-2061  
Big Horn Cooperative Marketing Association  
4784 US Hwy 310  
Greybull, WY 82410