



ralphsmithco.com

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APPLICATION REQUIREMENTS

- Current MVR
- 10 Year Complete Work History
- CDL Class A License
- Doubles / Triples Endorsement
- Valid Medical Card

DRIVER'S LICENSE INFORMATION: List all driver licenses held in the past **THREE** years

STATE	LICENSE #	TYPE	ENDORSEMENTS	EXPIRATION DATE

- 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 ever been convicted of a felony? YES NO
- D. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? YES NO

If the answer to A, B, C or D is "YES", give details: _____

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM	TO	APPROX. MILES
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

List all states or foreign countries operated in for the last five years: _____

List all special courses / training completed (HAZ-MAT, PTD/DDC, LCV etc.): _____

List any safe driving awards or special certificates you hold and from whom: _____

ACCIDENT RECORD: List the past **THREE** years (attach a sheet if more space is needed)

DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	LOCATION OF ACCIDENT	# OF PEOPLE INJURED	# OF FATALITIES

TRAFFIC CONVICTIONS AND FORFEITURES: List the last **THREE** years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT HISTORY:

Give a **Complete Record** of all employment for the past **THREE** years, including any **unemployment or self-employment**

CURRENT / LAST EMPLOYER

NAME: _____ FROM: _____ TO: _____
MONTH / YEAR MONTH / YEAR

POSITION HELD: _____ ADDRESS: _____
STREET CITY STATE / ZIP

REASON FOR LEAVING: _____ PHONE: [_____] _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer?
[] YES [] NO

Was the previous job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements? [] YES [] NO

*** If still employed with this company, may we call them to verify information? [] YES [] NO

PAST EMPLOYER

NAME: _____ FROM: _____ TO: _____
MONTH / YEAR MONTH / YEAR

POSITION HELD: _____ ADDRESS: _____
STREET CITY STATE / ZIP

REASON FOR LEAVING: _____ PHONE: [_____] _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer?
[] YES [] NO

Was the previous job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements? [] YES [] NO

NAME: _____ FROM: _____ TO: _____
MONTH / YEAR MONTH / YEAR

POSITION HELD: _____ ADDRESS: _____
STREET CITY STATE / ZIP

REASON FOR LEAVING: _____ PHONE: [_____] _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer?
[] YES [] NO

Was the previous job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements? [] YES [] NO

NAME: _____ FROM: _____ TO: _____
MONTH / YEAR MONTH / YEAR

POSITION HELD: _____ ADDRESS: _____
STREET CITY STATE / ZIP

REASON FOR LEAVING: _____ PHONE: [_____] _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer?
[] YES [] NO

Was the previous job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements? [] YES [] NO

PERSONAL REFERENCES:

NAME	ADRESS	PHONE
NAME	ADRESS	PHONE
NAME	ADRESS	PHONE

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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.

SIGNATURE: _____ DATE: _____

<p>REMARKS (FOR OFFICE USE ONLY):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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CONFIDENTIAL:
FAXED OR MAILED INQUIRY TO PAST
EMPLOYER

To: _____
(FORMER EMPLOYER – NAME, CITY, STATE) (DATE / TIME)

I hereby authorized this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP, MRO: to each and every company (or authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

(APPLICANT'S SIGNATURE) (DATE) (WITNESS SIGNATURE) (DATE)

Dear Personnel Manager:

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. You may reply by facsimile to the fax number listed above. If this form was mailed to you, we have enclosed a stamped, self-addressed envelope for your convenience in replying by return mail.

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER: _____

DID THE APPLICANT WORK FOR YOU AS A _____ FROM: ___/___/___ TO: ___/___/___

[] YES [] NO IF NO, PLEASE EXPLAIN: _____

IF EMPLOYED AS A DRIVER, PLEASE ANSWER THE FOLLOWING:

COMPANY DRIVER OWNER / OPERATOR OTHER _____

TYPE OF TRACTOR OPERATED: _____ TYPE OF TRAILERS PULLED: _____

OTHER EQUIPMENT OPERATED: _____ COMMODITIES TRANSPORTED: _____

GENERAL AREA OF OPERATION: _____

Accidents? YES NO if yes, please give the date and a brief description of each accident: _____

Traffic violations: YES NO if yes, please list all, including the dates and types of violations: _____

License(s) suspended? YES NO if yes, please list the dates of suspension: _____

TYPE OF DRIVER LICENSE: _____ STATE: _____ NUMBER: _____

Any problem with bonding? YES NO If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employ this person? YES NO if no, please explain: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION PRECEDING 2 YEARS:

Alcohol tests with a result of 0.04 or greater? YES NO If yes, please give date(s): _____

Verified positive controlled substance test results? YES NO If yes, please give date(s): _____

Refusals to be tested? YES NO If yes, please give date(s): _____

Rehab completed under direction of SAP/MRO? YES NO If yes, please give date(s): _____

Additional comments (any problems with customer relations, supervision, or abuse of equipment)? _____

NAME / TITLE: _____ DATE: _____

COMPANY: _____