

**APPLICATION FOR EMPLOYMENT
COMMERCIAL MOTOR VEHICLE OPERATOR
HAMMON SERVICES CORPORATION
PO Box 2586 Idaho Falls, ID 83403
Phone (208) 529-0661, Fax (208) 529-1048**

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual preference, national origin, age, marital status, or non-job related disability.

Position Applied for _____ Date Available _____ Desired Salary _____

Name _____ Social Security # _____
Last First Middle Initial

Home Phone _____ Mobile Phone _____ E-mail _____

List your addresses of residency for the past 3 years.

Current _____ How Long? _____
Street City State / Zip Code

Previous _____ How Long? _____
Street City State / Zip Code

_____ How Long? _____
Street City State / Zip Code

_____ How Long? _____
Street City State / Zip Code

_____ How Long? _____
Street City State / Zip Code

Date of Birth (required for Commercial Driver Applicants) _____

Are you a citizen of the United States? _____ If no, do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ If so, when? _____ Reason for Leaving _____

Have you ever been convicted of a crime? _____ If yes, please explain fully on a separate sheet of paper.

Are you currently employed? _____ If not, how long since leaving your last employment? _____

Were you referred? _____ If yes, by whom? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish. _____

REFERENCES

Name _____ Relationship _____ Phone _____

Company _____ Address _____

Name _____ Relationship _____ Phone _____

Company _____ Address _____

Name _____ Relationship _____ Phone _____

Company _____ Address _____

EXPERIENCE AND QUALIFICATIONS

EDUCATION

Highest Grade Completed _____ Last School Attended (Name, City/State) _____

MILITARY SERVICE

Branch _____ From _____ To _____

LICENSE INFORMATION

| State | License Number | Type | Endorsements | Expiration Date |
|-------|----------------|------|--------------|-----------------|
| | | | | |

DRIVING EXPERIENCE

| Class of Equipment | Type of Equipment (Van, Flat, Tank, Dump, Etc.) | Dates | | Estimated Miles Driven |
|--------------------|--|-------|----|------------------------|
| | | From | To | |
| Straight Truck | | | | |
| Truck & Trailer | | | | |
| Tractor & Trailer | | | | |
| Tractor & Doubles | | | | |
| Bus / Van / Other | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS (If none, write NONE.)

| Date (Month/Year) | Location | Nature of Accident (Head-On, Rear-End, Upset, Etc.) | Number Fatalities | Number Injuries | Chemical Spills (Yes/No) |
|----------------------|----------|--|----------------------|--------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (If none, write NONE.)

| Date (Month/Year) | Location | Violation | Penalty (Forfeited Bond, Collateral, Points) |
|----------------------|----------|-----------|---|
| | | | |
| | | | |
| | | | |

List all states operated in for the last 5 years _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

If yes, explain. _____

Has any license, permit or privilege ever been suspended or revoked? _____

If yes, explain. _____

EMPLOYMENT HISTORY

Applicants must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address - street number and name, city, state and zip code.
List employers in reverse order, starting with the most recent. Use additional sheet if necessary.**

Name of Employer _____ Contact _____
 Address _____ Phone _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? _____
 Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

 Name of Employer _____ Contact _____
 Address _____ Phone _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? _____
 Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

 Name of Employer _____ Contact _____
 Address _____ Phone _____
 Position Held _____ From _____ To _____ Salary _____
 Reason for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? _____
 Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements of 49 CFR Part 40? _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. 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 regulation of the Company.

I authorize you to make sure investigations and inquiries to my personal, employment, financial or 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.

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 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.

Date _____ Applicant's Signature _____