

Driver's Application for Employment

Name:

LAST

FIRST

MIDDLE

Phone:

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.

In compliance to federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, Veteran status, non-job related disability or any other protected group status.

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). Have you been convicted of a felony within the past 7 years?..... YES NO
(Conviction will not necessarily disqualify applicant from employment.)
If yes, please explain on an attached document.
(Nebraska residents do not need to respond to this question.)
- 9). Are you a Veteran of the U.S. Military?..... YES NO
If yes, which branch?
- 10). Is there any reason that you would be unable to perform the functions YES NO
of the job for which you have applied?
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	Were you subject to the FMCSRs** While Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS	CONTACT PERSON	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
	PHONE	EMPLOYED FROM EMPLOYED TO	
	REASON FOR LEAVING		

**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.*

2

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

3

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

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

5

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

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 references who are not related to you or previous employers.

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.

For Company Use Only

Applicant Hired: YES NO

(If rejected, summary report of reason should be placed in file)

Date Employed:

Point Employed:

Department:

Classification:

Signature of interviewing officer:

Job Title:

Hourly Rate/Salary:

Termination of Employment

Date Terminated:

Department Released from:

Dismissed: **Voluntary Quit:**

Other:

Termination Report placed in file:

Supervisor:

Applicant's Affirmative Action Information

It is the policy of High West Energy, Inc. to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246, we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION BELOW.

Name:

LAST

FIRST

MIDDLE

Date:

Position:

Racial Origin/Ethnicity (You may mark one or more of the following)

White - Not of Hispanic origin - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

African American or black - Not of Hispanic origin - A person having origins in any of the black racial groups of Africa.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaskan native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Two or more (not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Ethnicity

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

I elect not to identify

Sex

Male Female

SIGNATURE OF APPLICANT

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Veteran's Invitation to Self-Identify

INVITATION TO SELF-IDENTIFY UNDER THE VEVRAA 1974, AS AMENDED BY THE JOBS FOR VETERANS ACT OF 2002, 38 U.S.C. 4212 (VEVRAA).

We invite all qualified applicants (those who meet the definition of and Internet Applicant in 41 CFR 60-1.3) the opportunity to self-identify as to whether the applicant believes that he or she is a protected veteran who may be covered by the Veteran's Act.

High West Energy, Inc., is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation: under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such a veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

SIGNATURE OF APPLICANT

DATE

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Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2017

Why are you asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

YES, I have a disability (or previously had a disability)

NO, I do not have a disability

I do not wish to answer

SIGNATURE OF APPLICANT

DATE

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.