

# MCM TRUCKING, LLC

PO Box 137 Jerome, ID 83338 (mailing)  
446 Hwy 30 E Kimberly, ID 83341 (physical)  
(208) 423-4240 \* fax (208) 423-5277

## DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

In compliance with 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, or non-job related disability.

Date of Application \_\_\_\_\_ Position applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

Street

City

State

Zip Code

Phone \_\_\_\_\_

How long? \_\_\_\_\_

Previous

Addresses

Street

City

State & Zip Code

How long? \_\_\_\_\_

Street

City

State & Zip Code

How long? \_\_\_\_\_

Street

City

State & Zip Code

How long? \_\_\_\_\_

Are you a U.S. Citizen or otherwise lawfully authorized to work in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when? \_\_\_\_\_

(A conviction record will not necessarily ban you from employment. Such factors as age and time of the offense, seriousness and nature of the violation will be taken into account.)

Have you worked for this company before? \_\_\_\_\_ Position held \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers for the previous 10 years.

The information provided concerning previous employers may be used to investigate the applicant's safety performance history.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Dates of Employment: From _____ To _____	
Name _____	Contact Person _____
Address _____	Phone Number _____
_____	Position Held _____ Pay _____
Reason for leaving _____	
As an employee, were you subject to the Federal Motor Carrier Safety Regulations? _____	
Was the job in a safety-sensitive position that was subject to DOT drug and alcohol testing requirements? _____	

Dates of Employment: From _____ To _____	
Name _____	Contact Person _____
Address _____	Phone Number _____
_____	Position Held _____ Pay _____
Reason for leaving _____	
As an employee, were you subject to the Federal Motor Carrier Safety Regulations? _____	
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Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Position Held \_\_\_\_\_ Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
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Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Position Held \_\_\_\_\_ Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
As an employee, were you subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_  
Was the job in a safety-sensitive position that was subject to DOT drug and alcohol testing requirements? \_\_\_\_\_

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Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Position Held \_\_\_\_\_ Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
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Was the job in a safety-sensitive position that was subject to DOT drug and alcohol testing requirements? \_\_\_\_\_

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Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
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Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Position Held \_\_\_\_\_ Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
As an employee, were you subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_  
Was the job in a safety-sensitive position that was subject to DOT drug and alcohol testing requirements? \_\_\_\_\_

ACCIDENT RECORD FOR THE PAST 4 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Date	Type of Accident	Location	Type of Vehicle	Fatalities	Injuries
Last Accident	_____				
Next Previous	_____				
Next Previous	_____				
Next Previous	_____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 4 YEARS

Date	Violation	Location	Type of Vehicle	Penalty/Fine
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS -- DRIVER

Driver Licenses	State/Licensing Authority	License No.	Type	Expiration Date
_____	_____	_____	_____	_____

Have you held a CDL in any state/licensing authority other than listed above in the last 3 years? Yes \_\_\_ No \_\_\_

If yes, State/Licensing Authority \_\_\_\_\_ License No. \_\_\_\_\_

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 question above is Yes, please give details.

\_\_\_\_\_  
 \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job (truck driver) for which you have applied, i.e.: but not limited to, lifting, loading, unloading, minor maintenance, tarping and securement of loads, fueling, and driving? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. No. of Miles
		From	To	
Straight Truck _____	_____	_____	_____	_____
Tractor & Trailer _____	_____	_____	_____	_____
Tractor & Two Trailers _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Check the following that apply: \_\_\_\_\_ High school diploma \_\_\_\_\_ GED \_\_\_\_\_ College Degree

In case of an emergency, whom should we contact?

Name _____	Phone No. _____	Relationship _____
Name _____	Phone No. _____	Relationship _____

How long are you willing to be away from home? \_\_\_\_\_

How much home time will you need when you return? \_\_\_\_\_

How many miles or hours are you expecting per week? \_\_\_\_\_

How much do you expect to make per week (gross)? \_\_\_\_\_

When are you available to start work for this Company? \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, and I release all providers from all liability in responding to inquiries and releasing information in connection with my application.

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This application can be returned as follows: email to john@teamrtti.com or Fax to 208-324-3910.