



TO THE APPLICANT:

BIGHORN VAC INC DOES NOT DISCRIMINATE IN HIRING OR EMPLOY IN THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

CONSIDERATION OF THIS APPLICATION WILL BE GIVEN. HOWEVER, BY RECEIVING THIS DOCUMENT, BIGHORN VAC INC IS UNDER NO OBLIGATION OF EMPLOYMENT TO THE APPLICANT.

General Information (Please Print)

DATE _____ SOCIAL SECURITY # _____ - _____

NAME _____
LAST FIRST M.I.

ADDRESS _____
NUMBER STREET

CITY STATE ZIP

TELEPHONE () - _____

IN CASE OF EMERGENCY, NOTIFY: NAME _____

RELATIONSHIP _____ TELEPHONE () - _____

Are you 18 years of age or older? Yes No

Do you have the legal right to live and work in the U.S.? Yes No

If hired, can you provide the documentation required by U.S. Law? Yes No
(If hired, documented proof of legal right to work is required.)

Since the age of 18, have you been convicted of a misdemeanor or felony? Yes No

If so, please advise nature and date: _____

NOTE: A conviction will not necessarily disqualify you from employment. Each conviction will be judged in its own merits with respect to time, circumstance and seriousness.

Have you ever worked for this company before? If so, please indicate when and position held.

Under any other name? Yes No
If so, under what name? _____

Do you have any relatives employed by this company? Yes No
If so, please state name(s). _____



The following information is required by the U.S. Department of Transportation, Section 391.21. Your application will not be considered if all information is not furnished.

PREVIOUS RESIDENCY

Please furnish the addresses at which you resided during the 3 years preceding the date on which the application is submitted.

BEGIN WITH THE MOST RECENT

_____	_____	_____	# YEARS _____
(Street)	(City)	(State & Zip Code)	
_____	_____	_____	# YEARS _____
(Street)	(City)	(State & Zip Code)	
_____	_____	_____	# YEARS _____
(Street)	(City)	(State & Zip Code)	
_____	_____	_____	# YEARS _____
(Street)	(City)	(State & Zip Code)	
_____	_____	_____	# YEARS _____
(Street)	(City)	(State & Zip Code)	

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR States "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration	License/Permit

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If so, please explain. _____

Has one ever been suspended? Yes No

If so, please explain. _____

Have you ever been disqualified for violation of Safety Regulations? Yes No

If so, please explain. _____



DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

MOTOR VEHICLE ACCIDENTS

Please list all of the motor vehicle accidents in which you have been involved during the 3 years preceding the date of the application.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

MOTOR VEHICLE VIOLATIONS

Please list all violations of motor vehicle laws or ordinances (other than violations involving parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding date of the application.

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)



34802 CR 122 • PO Box 1350 • Sidney, Montana 59270
office 406.433.7060 • fax 406.433.7061

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987, applicants must show all commercial driver employment for the seven years immediately preceding this three year period (total of ten years employment record). 391.21 (b) (10)(11)

Authorization

I authorize Bighorn Vac Inc to obtain information about me from my previous employers, schools and credit sources. I authorize my previous employers, schools that I have attended and all credit sources to disclose to Bighorn Vac Inc such information about me as Bighorn Vac Inc may request.
_____ Initials

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

If you are accepted for employment, when would you be available? _____

Must list the complete mailing address: street number and name, city, state and zip code.

Name and Address of Company	From		To		Starting Hourly Rate	Ending Hourly Rate	Reason for Leaving
	Month	Year	Month	Year			
	Describe the work you did:						
Supervisor:							
Telephone:							

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

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	Month	Year	Month	Year			
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Supervisor:							
Telephone:							

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ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____



TO BE READ AND SIGNED BY THE APPLICANT

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.

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 regulations of the Company.

"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

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.

DATE

APPLICANT'S SIGNATURE



PRE-EMPLOYMENT SUBSTANCE DETECTION CONSENT

I understand that according to the Pre-employment Substance Detection Program at Bighorn Vac Inc, I am required to submit a sample of my urine for chemical analysis prior to employment. I understand that this pre-employment substance detection will be conducted by a reputable outside physician and testing agency by a certified laboratory.

I consent freely and voluntarily to this request for a pre-employment urine specimen. I hereby and herewith release Bighorn Vac Inc, their employees, agents, and contractors from any liability whatsoever arising from this request to furnish a pre-employment urine sample, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the results of these tests.

I understand a positive test for controlled substances, based on the urinalysis test, will disqualify me from employment and/or the operation of a commercial vehicle for Bighorn Vac Inc.

I understand that if the substance detection results are positive, I can request a second independent confirmatory test using the same specimen. The cost of this test will be borne by me.

I understand a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

I understand that if my employment is terminated for **any** reason with Bighorn Vac Inc within 90 days, I am liable for the cost of the urinalysis, which is \$73.00 and any training that I have attended that has been paid for by Bighorn Vac Inc.

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. I have also read and understand the conditions for the Pre-Employment Urinalysis Consent Agreement.

Applicant's Signature

Date

Note: Failure to sign the above consent discontinues the employment process.