

Application for Employment Desert Mountain Corporation

PO Box 1633 – Kirtland, NM 87417
1-800-375-9264



Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Date: _____

Name _____

Street Address _____

City _____ State Zip _____

Telephone _____ Social Security # _____

Position applying for: _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Personal Information

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime or are there any pending charges against you?

(A conviction does not automatically bar you from employment)

Yes No If yes, include details _____

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

If hired, when would you be available? _____

What are your salary requirements? _____



Employment History: (complete list and start with present or last employer first)

Employer Name & Phone #	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Were you subject to the FMCRs while employed? Yes____ No____ Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes____ No____				
Name of Supervisor				
Employer Name & Phone #	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Were you subject to the FMCRs while employed? Yes____ No____ Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes____ No____				
Name of Supervisor				
Employer Name & Phone #	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Were you subject to the FMCRs while employed? Yes____ No____ Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes____ No____				
Name of Supervisor				

Employment History: (complete list and start with present or last employer first)

Employer Name & Phone #	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
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Name of Supervisor				
Employer Name & Phone #	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Were you subject to the FMCRs while employed? Yes____ No____ Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes____ No____				
Name of Supervisor				
Employer Name & Phone #	Employed (Mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Were you subject to the FMCRs while employed? Yes____ No____ Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes____ No____				
Name of Supervisor				

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

If you served in the United States Armed Forces, briefly describe the skills you acquired: _____

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years:

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of accident (head on, rear end, upset, etc....)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years

(other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration

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

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If you answered yes to any of the above please give details.

References

Name _____

Occupation _____

Telephone Number _____

Name _____

Occupation _____

Telephone Number _____

Name _____

Occupation _____

Telephone Number _____

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant the employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the previous employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (printed): _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refused to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25 (b)(5) and (e).

Applicant Name: _____ ID Number: _____
(Print Name)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years,

Yes No

2. If you answered yes, to the above question, can you provide proof that you have successfully completes the DOT return-to-duty requirements?

Yes No

My Signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____