

280 Foothill Blvd.
Rock Springs, WY 82902
Office - (307) 362-7985
Fax - (307) 362-7988



24125 County Road 42
La Salle, CO 80645
Office - (970) 378-7000
Fax - (970) 378-7001

www.justicetrucking.com

EMPLOYMENT APPLICATION

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, MARTAL STATUS, OR NON-JOB RELATED DISABILITY.

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED-PRINT OR TYPE
PLEASE PUT N/A IF SECTION DOES NOT APPLY TO YOU

SECTION A.

PERSONAL INFORMATION

Date of Application: _____

Position Applying For: _____

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

If you have lived at the above address for less than 3 years, please include your previous addresses of record for the last 3 years.

1.

Address: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

2.

Address: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

3.

Address: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

Please attached additional sheet for additional addresses (if needed):

DRIVER'S LICENSE INFORMATION (THIS INFORMATION WILL BE VERIFIED)

Driver's License Information (All licenses held for last 3 years):

State: _____ Number: _____ Exp. Date: _____

State: _____ Number: _____ Exp. Date: _____

State: _____ Number: _____ Exp. Date: _____

Have you ever had your driver's license denied, suspended, revoked or cancelled by any issuing state agency?

Yes: _____ No: _____ If yes, please provide explanation _____

*Explanation continued***SECTION B. (ONLY APPLICABLE TO THOSE INDIVIDUALS APPLYING FOR EMPLOYMENT AS A COMPANY CDL-DRIVER****DRIVING EXPERIENCE**

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVING EXPERIENCE IN
TRACTOR		
TRAILER/TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY):		

ACCIDENT RECORD LAST THREE YEARS (THIS INFORMATION WILL BE VERIFIED)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR-END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	BUSINESS VEHICLE	PERSONAL VEHICLE

TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING) LAST THREE YEARS (THIS INFORMATION WILL BE VERIFIED)

STATE	DATE	CHARGE	PENALTY	BUSINESS VEHICLE	PERSONAL VEHICLE

SECTION C.

EMPLOYMENT HISTORY

NOTICE: IF YOU ARE AN APPLICANT WHO DESIRES TO BE EMPLOYED AS A DRIVER IN INTRASTATE/INTERSTATE COMMERCE, YOU MUST PROVIDE THE FOLLOWING INFORMATION FOR ALL EMPLOYERS DURING THE PREVIOUS THREE YEARS. YOU MUST GIVE THE SAME INFORMATION FOR ALL EMPLOYERS WHOM YOU HAVE DRIVEN A COMMERCIAL VEHICLE FOR DURING THE PREVIOUS TEN YEARS PRIOR TO THIS APPLICATION DATE.

*****MUST LIST THE COMPLETE NAME, MAILING ADDRESS, CITY, STATE AND ZIP*****

1. EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____
POSITION HELD: _____ SALARY: _____
REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?

Yes: _____ No: _____

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE AND ALCOHOL TESTING DURING THIS PERIOD?

Yes: _____ No: _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT FROM YOUR PREVIOUS EMPLOYER TO THIS EMPLOYER.

2. EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____
POSITION HELD: _____ SALARY: _____
REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?

Yes: _____ No: _____

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE AND ALCOHOL TESTING DURING THIS PERIOD?

Yes: _____ No: _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT FROM YOUR PREVIOUS EMPLOYER TO THIS EMPLOYER.

3. EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____
POSITION HELD: _____ SALARY: _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?

Yes: _____ No: _____

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE AND ALCOHOL TESTING DURING THIS PERIOD?

Yes: _____ No: _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT FROM YOUR PREVIOUS EMPLOYER TO THIS EMPLOYER.

4. EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

POSITION HELD: _____ SALARY: _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?

Yes: _____ No: _____

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE AND ALCOHOL TESTING DURING THIS PERIOD?

Yes: _____ No: _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT FROM YOUR PREVIOUS EMPLOYER TO THIS EMPLOYER.

5. EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

POSITION HELD: _____ SALARY: _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?

Yes: _____ No: _____

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE AND ALCOHOL TESTING DURING THIS PERIOD?

Yes: _____ No: _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT FROM YOUR PREVIOUS EMPLOYER TO THIS EMPLOYER.

PLEASE ATTACH SHEET FOR ADDITIONAL EMPLOYERS

NOTICE TO DRIVERS

FOR DRIVER APPLICANTS OF COMMERCIAL MOTOR VEHICLES THAT REQUIRE A COMMERCIAL DRIVER'S LICENSE (CDL) THE APPLICANT MUST DISCLOSE THEIR CONTROLLED SUBSTANCE AND ALCOHOL STATUS PER THE REQUIREMENTS OF 49 CFR PART 40.25(J).

APPLICANT MUST READ AND SIGN

I authorize you to make investigations and inquiries to my personal and employment references, 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

As a prospective driver employee, you have the right to review information provided by previous employer(s). You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

CERTIFICATION

"I certify 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."

Applicant's Signature: _____

Date: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____

Date: _____

Employer Section

Application received by: _____

Application reviewed by: _____

Title: _____

Title: _____

Date: _____

Date: _____