3873 Wynne Ave., Butte, MT 59701
P: 406-533-0316 **F:** 406-533-0389
Email: biggerstransport@yahoo.com
Website: www.biggerstransport.com

_____
Date

Applicant Name_____Home Phone: ( ) _____
Last First Middle

Cell Phone: (_____) _____

* Current Address_____
Street City State Zip Code

* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

_____
Street City State Zip Code

_____
Street City State Zip Code

Position Applying for_____Temporary_____Part Time_____Full Time _____

Who Referred You?_____Rate of Pay Expected? _____

Have you ever worked for this company before?_____Dates: From_____to _____
month/year month/year

Where?_____Rate of Pay_____Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed?_____If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended_____
Name Address

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ____Yes ____No If yes, which branch of service: _____

_____
Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves? ____Yes ____No Are you currently serving in National Guard? ____Yes ____No

GENERAL

Are you able to lift 100 pounds? ____Yes ____No

Have you had any on the job injuries in the past? ____Yes ____No If yes, please explain _____

_____

Have you ever been convicted of a felony? _____

If yes, please explain below. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

DRIVER EXPERIENCE AND QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.

Date of Birth _____ Social Security Number_____-_____- _____
month/day/year

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination_____Can you provide a copy _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a Commercial Driver's License to answer the following questions:

1) Within the last two years, have you ever 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?
_____yes _____no

2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work? _____yes _____no

3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? _____yes _____no

Applicants Signature: _____ Date: _____

Witnessed By: _____ Date: _____

DRIVER'S LICENSE INFORMATION

Driver Licenses held in the past 3 years **must be shown**	State	License Number	Type	Expiration Date
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes_____No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes_____No _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes_____No _____
If you answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From To	Approximate Total Miles
Straight Truck	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____
Twin	_____	_____	_____
Other	_____	_____	_____

List states operated in during the last five years:

_____

List special courses or training that will help you as a driver:

_____

List safe driving awards held and who awards were presented by:

DRIVER EXPERIENCE & QUALIFICATIONS (CONTINUED)

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the last or current position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____

Address: _____ Phone: ( ) _____

Position Held: _____ From-To_____Mo/Yr Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: ( ) _____

Position Held: _____ From-To_____Mo/Yr Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: ( ) _____

Position Held: _____ From-To_____Mo/Yr Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: ( ) _____

Position Held: _____ From-To_____Mo/Yr Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: ( ) _____

Position Held: _____ From-To_____Mo/Yr Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: ( ) _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE
PROCESS RECORD

Applicant Hired?_____Yes ____No Date of Birth_____(month/day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____
(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY:_____Phone ( ) _____
Address _____

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview	☐	☐	☐	☐	☐	☐
3. Physical Exam *	☐	☐	☐	☐	☐	☐
4. Past Employment	☐	☐	☐	☐	☐	☐
5. Written Exam	☐	☐	☐	☐	☐	☐
6. Policy & Traffic Record	☐	☐	☐	☐	☐	☐
* driver applicants only	☐	☐	☐	☐	☐	☐

Signature of Interviewing Officer_____Date _____

Termination of Employment

Date Terminated_____Department Released From_____

Dismissed_____Voluntary Quit_____Other _____

Termination Report Placed in File_____Supervisor _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Biggers Transport Corp

Release and Authorization to Conduct Background Investigation

As a part of my application for employment with Biggers Transport Corp; hereinafter referred to as the Company; which also includes contract for services, and if hired, my ongoing employment with the Company:

I authorize the Company and its legal agent, SafeTrac Solutions, Inc to conduct a background investigation on me. This investigation may include but is not limited to driver license records (MVR's), criminal history records, worker's compensation history records, past employment safety performance & drug/alcohol history and credit history records.

I certify that I have been advised of my rights under the Fair Credit Reporting Act (FCRA), the Federal Motor Carrier Safety Regulations (FMCSR) and the Driver Privacy Protection Act (DPPA) and understand that this background investigation will be conducted in accordance with these Acts.

I further certify, if I am a Commercial Motor Vehicle Driver (hold a CDL), that I have been advised of my rights under the Federal Motor Carrier Safety Regulations, 49CFR §§390, 391 which allow for my rebuttal to adverse information received from past employers regarding previous safe commercial driving experience and/or drug and alcohol testing history.

I further give my consent for unlimited, limited queries of the FMCSA Drug and Alcohol Clearinghouse. This clearinghouse maintains records of commercial drivers who have tested positive on DOT drug or alcohol tests or have engaged in other prohibited conduct. Refusal to consent to these queries will prohibit a driver from performing safety sensitive functions (including driving).

I understand that all information gathered in this background investigation will be held in the strictest confidence and will not be divulged, shared, resold or in any other manner released to any party other than the Company and its agent SafeTrac Solutions, Inc, unless required to do so by laws or regulations of proper jurisdiction.

I understand that the results of this background investigation could affect my being hired by the Company.

I understand that the Company and SafeTrac Solutions, Inc are conducting the investigation for legitimate business purposes only, and information will be used in a manner consistent with the Company's compliance of 49 CFR §§§382, 390, 391 and for the legitimate security needs of the Company. I understand that this authorization and release will be kept on file and will remain as ongoing release and authorization during my employment with the Company, if I am hired, unless and until I revoke it in writing to the Company and SafeTrac Solutions, Inc.

I fully release the Company, SafeTrac Solutions, Inc, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity or other source providing information to the Company and/or SafeTrac Solutions, Inc from any and all claims and damages arising out of or relating to any investigation of my background for employment purposes.

Washington State license holders must complete a Washington State Release Form, in addition to this release.

By signing below, I certify that I have read and fully understand this release and authorization, that prior to signing it I was given an opportunity to ask questions and to have those questions answered to my satisfaction and that I have executed this release and authorization voluntarily. I further certify that the information I have provided is true and correct.

Print Name: _____ Date of Birth: _____/_____/_____

Social Security Number: _____-_____-_____ Drivers License Number: _____

State of Issue: _____ Commercial Driver License: Yes or No

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant/Employee Signature: _____ Date: _____/_____/_____

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THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

Employer Verification for CDL Drivers

FORMER EMPLOYEE INFORMATION AND RELEASE

NAME:_____ Social Security #_____
(please print)

hereby authorize_____ to release the following requested
(Name of Prior Company)

information to **Biggers Transport Corp** for the purpose of investigation and qualifying me to drive a commercial motor vehicle as required by the U.S. Department of Transportation and Federal Motor Carrier Safety Regulations Parts 382, 391, 392 and 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Signature _____Date _____

NOTE - Regulations of the Department of Transportation (49 CFR Part 40) requires your company to provide us with information concerning the named driver's past drug and alcohol test results, including refusals to be tested.

In the past three years has the previously named applicant ever:

- Tested positive for a controlled substance? ☐ YES ☐ NO
- Tested with an alcohol concentration of 0.04 or higher? ☐ YES ☐ NO
- Refused to submit to a DOT required drug and/or alcohol test, including a verified adulterated or substituted result? ☐ YES ☐ NO
- Had any other violations of DOT drug and/or alcohol testing regulations? ☐ YES ☐ NO
- Had any violations of drug and/or alcohol regulations from previous employers? ☐ YES ☐ NO
- Did a previous employer report a drug and alcohol rule violation to you? ☐ YES ☐ NO

For any YES answer, please provide documentation of the previously named applicants successful completion of DOT return-to-duty requirements (including follow-up tests).

FORMER EMPLOYEE WORK HISTORY

Employed from _____to _____ as a _____ at average or salary of _____

Did former employee drive a motor vehicle for you? ☐ YES ☐ NO

If yes please indicate specific type of vehicle(s) and time driven for you:

☐ Tractor/Semi-Trailer; *years* _____ *months* _____ ☐ Straight Truck; *years* _____*months* _____

Other (Please Specify) _____ *years* _____*months* _____

Any special equipment driven? (such as; Doubles, Tanker, Flat Bed, etc.) Please list:_____

_____

Reason for leaving your employ: ☐ Discharged ☐ Resigned ☐ Laid Off ☐ Other

Is former employee eligible for re-hire at your company? ☐ YES ☐ NO

Your Name _____Title _____Telephone #: _____

Your Signature: _____Date: _____

Please forward response as indicated as soon as possible.
Thank You

MAIL OR FAX TO: Biggers Transport Corp
ATTN: Brittany Medina
3873 Wynne Avenue
Butte, MT 59701
Fax # (406) 533-0389
Any questions, call (406) 533-0316