



H & H Utility Contractors, Inc.  
 225 West Franklin Road  
 Meridian, Idaho 83642  
 (208) 888-6876

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 (print)

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, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



## EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, phone numbers, city, state and zip codes.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the **most recent**. Add another sheet as necessary.)

EMPLOYER	DATE
NAME: _____	FROM                      TO
ADDRESS: _____	MO. ____ YR. ____    MO. ____ YR. ____
CITY: _____ STATE: _____	POSITION HELD
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE
Fax Number: _____	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT, TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ____ NO ____	

EMPLOYER	DATE
NAME: _____	FROM                      TO
ADDRESS: _____	MO. ____ YR. ____    MO. ____ YR. ____
CITY: _____ STATE: _____	POSITION HELD
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE
Fax Number: _____	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT, TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ____ NO ____	

EMPLOYER	DATE
NAME: _____	FROM                      TO
ADDRESS: _____	MO. ____ YR. ____    MO. ____ YR. ____
CITY: _____ STATE: _____	POSITION HELD
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE
Fax Number: _____	REASON FOR LEAVING
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT, TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ____ NO ____	

EMPLOYER		DATE
		FROM TO
NAME: _____		MO. ___ YR. ___ MO. ___ YR. ___
ADDRESS: _____		POSITION HELD _____
CITY: _____ STATE: _____		SALARY/WAGE _____
CONTACT PERSON: _____ PHONE #: _____		REASON FOR LEAVING _____
Fax Number: _____		
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<p>_____</p> <p>WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT, TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___</p>		

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<p>_____</p> <p>WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT, TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___</p>		

EMPLOYER		DATE
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NAME: _____		MO. ___ YR. ___ MO. ___ YR. ___
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Accident Record for the Past 3 Years  
(Attach sheet if more is needed)

Last Accident	_____	_____	_____	_____
	Date	Nature (Roll over, Rear End, etc.)	Fatalities	Injuries
Next Previous	_____	_____	_____	_____
	Date	Nature (Roll over, Rear End, etc.)	Fatalities	Injuries
Next Previous	_____	_____	_____	_____
	Date	Nature (Roll over, Rear End, etc.)	Fatalities	Injuries

Driving Experience

- Straight Truck
- Tractor Semi-Trailer
- Tractor 2 Trailer Combo
- Other

Class of Equipment	Type of Equipment	Dates: From / To	Miles Driven

List All Traffic Fines and Forfeitures for the Past 3 Years

Location	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes\_\_\_ No\_\_\_
- B. Has any license you held ever been suspended or revoked? Yes\_\_\_ No\_\_\_

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

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- C. Have you ever tested positive, or refused to test, on any pre-employment drug test Administered by an employer to which you applied for, but did not obtain, safety Sensitive transportation work covered by DOT agency drug testing rules during the past two years? Yes\_\_\_ No\_\_\_
- D. If you answered yes can you provide/ obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes\_\_\_ No\_\_\_
- E. Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_