

1641 Deadwood Avenue, Rapid City SD 57702

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

VOID AFTER 90 DAYS

OUR COMPANY is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without unlawful regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, medical condition, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment. Applicants may request any reasonable accommodation to participate in the application process.

It is important to note that marijuana remains a drug listed in Schedule I of the controlled Substances Act. It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportation's drug testing regulations to use Marijuana.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

EMPLOYMENT DESIRED

POSITION DESIRED:	Date of A	Application:	Wage desired:
			Date available:
Are you available to work?			
Full Time Part Time	Weekends		Overtime
☐ YES ☐ NO ☐ YES ☐ NO	YES	□ NO	☐ YES ☐ NO
PERSONAL INFO	ORMAT	ION	
FULL LEGAL NAME: Please PRINT or TYPE		Home Telephone No.	Message phone/Cell
		()	()
ADDRESS: Street Number/Name, City, State, Zip Code (previous 3yrs r	required)	# of years at present address?	EMAIL ADDRESS:
ADDRESS: Street Number/Name, City, State, Zip Code (previous 3yrs re	equired)	# of years at past address?	
Are you over 18 (for insurance purposes)? YES NO			
Education, Trade School, Technical School:			
Have you ever tested positive on a pre-employment drug test? (required f			
Have you previously worked for LEi?			
YES If so, please provide dates of employment:			
NO			

EMPLOYMENT DATA

List all employment for the past three years, beginning with the most recent. FMCSA regulations (49CFR391.21) requires that all potential CDL applicants wishing to drive a commercial vehicle list 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). Information provided will be used and the applicant's prior employers will be contacted for the purpose of investigating the applicant's safety performance history information as required by 49 CFR §391.23.

It is important to note that marijuana remains a drug listed in Schedule I of the controlled Substances Act. It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportations drug testing regulations to use Marijuana.

Dates of Employment From (Mo/Yr) To (Mo/Yr)	PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST					
Supervisor (Name & Title) Description of Job Duties Were you subject to the Federal Motor Carrier Safety Regulations at this job? YES NO Was this job designated as a "Safety Sensitive" function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR \$40? YES NO COMPANY NAME Phone No. Date of Employment From (Mo/Yr) To (Mo/Yr) Address (Include Street, City, State, Zip Code) Job Title Wage Reason for Leaving Supervisor (Name & Title) Description of Job Duties Were you subject to the Federal Motor Carrier Safety Regulations at this job? YES NO Was this job designated as a "Safety Sensitive" function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR Part 40? YES NO ACCIDENT RECORD FOR PAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE DATES/DETAILS: (head-on, rear-end, upset, etc.) Fatalities/Injuries/chemical spills TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE	COMPANY NAME	Phone No.		Yr)		
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(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE			IONG FOR BASE AND LESS			
	LOCATION					

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVER LICENSES A. List any endorsements or restrictions: B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YESNO C. Has any license, permit or privilege ever been suspended or revoked? YESNO IF THE ANSWER TO B OR C IS YES, ATTACH A STATEMENT GIVING DETAILS DRIVING EXPERIENCE (IF NONE, WRITE NONE) LASS OF EQUIPMENT TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) FROM TO TOTAL IF KNOWN DUMP TRACTOR AND SEMI- TRALER RACTOR - SIDE DUMP TRACTOR - SIDE DUMP TRACTOR - SIDE DUMP TRACTOR - SIDE DUMP TRACTOR - SIDE DUMP TI understand that this application is only valid for the position applied for at present and that this application is void after 90 days. I understand that all statements contained in this application may be investigated as required by 49 CFR391.23. I further understand fall singular consideration. I agree to sign the forms necessary to authorize the Company to secure information about my experience, and I release all parties from sensessary to authorize the Company to secure information about my experience, and I release all parties from sensessary to authorize the Company to secure information about my experience, and I release all parties from any it hability arising therefrom. Initial Initial Initial Initial Initial Ir employed by the Company I will abide by Company policies and rules. I understand that I will be required to possess a current and commercial driver's license as my position would require me to drive in the course of my work. If a moffered employment, I understand and agree that I may be required to undergo a physical examination at the Company's expert that my offer of reprophyrent my the conditioned by that examination. I agree to a sign the formation are proposed at a sense of the prophyrent and the course of my work. If a moffered employment in the condition of my prophyrent release of all revisions employers to correct information to the condition of my one of the prophyrent and the confidence of my work.			CT A TE	TIOTS	CE NO	MYDE /CT	A CC	EVDID ATION DATE
B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YESNO				SE NO.	TYPE/CLASS		EXPIRATION DATE	
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