



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

Form with fields: POSITION DESIRED, Date of Application, Wage desired, Date available, Are you available to work? (Full Time, Part Time, Weekends, Overtime) with YES/NO checkboxes.

PERSONAL INFORMATION

Form with fields: FULL LEGAL NAME, Home Telephone No., Message phone/Cell, ADDRESS, # of years at present/past address, EMAIL ADDRESS, Are you over 18, Education, Have you ever tested positive on a pre-employment drug test?, Have you previously worked for LEi?

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.

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			
COMPANY NAME	Phone No. ()	Dates 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	
LAST ACCIDENT			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS FOR PAST 3 YEARS			
(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE			
LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE/CLASS	EXPIRATION DATE

- A. List any endorsements or restrictions: _____
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- C. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO B OR C IS YES, ATTACH A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

(IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES TOTAL IF KNOWN
		FROM	TO	
END DUMP				
TRACTOR AND SEMI-TRAILER				
TRACTOR – SIDE DUMP				
TRACTOR –BELLY DUMP				
OTHER				

PRE-EMPLOYMENT CERTIFICATION

Initial

I understand that this application is only valid for the position applied for at present and that this application is void after 90 days.

Initial

I understand that all statements contained in this application may be investigated as required by 49 CFR391.23. I further understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I agree to sign the forms necessary to authorize the Company to secure information about my experience from the Clearinghouse, current and former employers, education institutions and agencies, and for those parties to provide information concerning my experience, and I release all parties from any liability arising therefrom.

Initial

If employed by the Company I will abide by Company policies and rules. I understand that I will be required to possess a current and valid commercial driver's license as my position would require me to drive in the course of my work.

Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must do so through the FMCSA Clearinghouse. The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at 49 CFR Part 386.12.

My signature below certifies that I have read and understand the foregoing. My signature below also certifies that I agree to be bound by the terms and conditions stated in this application, including the provisions set forth above. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

This certifies 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 Signature

Printed Name

Date of Application