



Application for Employment

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, gender, disability, veteran status, or any other characteristic protected under local, federal, or state law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Date: _____ Date of Birth: _____ Driver's License (state and number): _____

Name: _____ Last 4 of Soc Sec #: _____

Physical address: _____

Mailing address (if different): _____

Telephone: _____ Emergency contact (name and phone): _____

E-Mail: _____

Position applying for: _____

Have you worked for Desert Mountain before?: _____

If yes, give dates: From _____ to _____

Reason for leaving?: _____

Personal Information

Are you legally authorized to work in the U.S.?: _____

Note: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act, and your employment is contingent upon furnishing these documents.

Are you at least 18 years of age?: Yes ☐ No ☐

Have you ever been convicted of a crime or are there any charges pending against you? Yes ☐ No ☐

(A conviction does not automatically bar you from employment) If yes, give details: _____

Are you presently employed? Yes ☐ No ☐ If yes, include where: _____

If hired, when would you be available: _____

What are your salary/hourly/mileage requirements? _____



Employment History: (complete list and start with present or last employer first; please provide us with complete and accurate contact information)

Employer Name and Phone:	Employed (Mo/Yr) From: To:	Type of work performed:	Present or past salary/wage:	Reason for leaving:
Address/City:				
Were you subject to FMCR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Was your job designated as safety-sensitive in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of Supervisor:				

Employer Name and Phone:	Employed (Mo/Yr) From: To:	Type of work performed:	Present or past salary/wage:	Reason for leaving:
Address/City:				
Were you subject to FMCR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Was your job designated as safety-sensitive in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of Supervisor:				

Employer Name and Phone:	Employed (Mo/Yr) From: To:	Type of work performed:	Present or past salary/wage:	Reason for leaving:
Address/City:				
Were you subject to FMCR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Was your job designated as safety-sensitive in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of Supervisor:				

Education

Schools	Name/Location	Years completed	Major Courses	Diploma/Degree

If you served in the United States Armed Forces, briefly describe the skills you acquired: _____

Driving Experience

Class of Equipment	Dates		Approx. Number of Miles
	From	To	

List states operated in, for the last five years: _____

List any Safe Driving Awards you hold, and who from: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of accident (head on, rear end, upset, etc.)	Location of accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the last three years)

State	License #	Type	Endorsements	Expiration

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ☐ No ☐

Has any license, permit, or privilege been suspended or revoked? Yes ☐ No ☐

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes ☐ No ☐

If you answered yes to any of the above questions, please give details:

References

Name	Occupation	Telephone	Relationship	Years acquainted

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers, or omissions made by me or in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the positions for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools, or persons named above to give any information requested regarding my former employment, character, and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools, and persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the employer or myself.

Signature _____ Date _____



Drivers Rights Pertaining to Release of Driver Information under Regulation 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date driver's employment begins and be retained in compliance with 391.51
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover the general driver identification and employment verification information data elements as specified in 390.15 for accident involving the driver that occurred during the three years period preceding the date of the employment application and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by the previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the previous employer when applying or as late as 30 days after employed or notified of denial of employment. The prospective employer must provide this information to the applicant within 5 business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut the information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ Date _____



Driver Applicant Drug and Alcohol Pre-Employment Statement

CFR Part 40.25(j) requires the employer to ask any applicant, whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he/she had a positive test or refused to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

Applicant name: _____ Last four SS#: _____

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the last two years?
Yes ☐ No ☐
2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes ☐ No ☐

My signature below certifies that the information provided is true and correct.

Applicant signature: _____ Date: _____



AUTHORIZATION TO OBTAIN MVR REPORT

I, _____, hereby acknowledge and agree to authorize DESERT MOUNTAIN CORPORATION to conduct a Motor Vehicle Records check by obtaining a report of my driving history for DESERT MOUNTAIN CORPORATION use in determining if I will be offered employment and/or continue my employment. If I am employed in a position that requires driving, I further authorize DESERT MOUNTAIN CORPORATION to conduct Motor Vehicle Record Checks as long as I am employed and, in a position, requiring me to drive. I understand that in obtaining such reports, a consumer reporting agency may be used, and I do hereby authorize such use. I further acknowledge and agree that the reports may be procured by DESERT MOUNTAIN CORPORATION insurance agency, Kysar Millennium Leavitt Insurance, to provide an assessment of my insurability under DESERT MOUNTAIN CORPORATION insurance coverages.

I understand that by signing this Authorization, I hereby authorize DESERT MOUNTAIN CORPORATION to procure such reports about me from time to time, as it deems appropriate, from any state or jurisdiction that I have been licensed to drive motor vehicles and to share this information with DESERT MOUNTAIN CORPORATION insurance carrier, in order to evaluate my insurability.

DATE: _____

APPLICANT'S SIGNATURE: _____

PRINT NAME: _____

DATE OF BIRTH: _____

STATE LICENSED: _____

DRIVER'S LICENSE NUMBER: _____

REQUESTED BY _____ Chris Jaramillo

ALL INFORMATION MUST BE COMPLETED IN ORDER TO RUN AN MVR