



Application for Employment - Driver

Mountain Star Transportation, LLC
Office: (720)234-2643
Fax: 720-644-6697
dispatch@mountaincars.com

DRIVER APPLICANT ONLY

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 resend 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 _____

Name: _____
First Middle Maiden, if any Last

Address: _____
Street City State Zip How long?

Contact # _____ Email: _____

Are you over 23 years old? Yes ___ No ___ US Citizen? Yes ___ No ___

Previous Addresses: (If at the above address for less than three years)

Address: _____
Street City State Zip How long?

Address: _____
Street City State Zip How long?

Attach additional sheet if necessary

Experience and Qualifications-Driver

Class of Equipment:	Type of Equipment Van, tank, flatbed, etc	Dates		Approximate # of miles (total)
		From	To	
Straight Truck				
Tractor and semitrailer				
Tractor – Two trailers				
Other				

Accident record for past three years (attach additional sheet if necessary)

Dates	Nature of accident	Fatalities	Injuries

**Traffic convictions (other than parking violations) and forfeitures for the past three years
Attach additional sheet if more space is needed**

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, permit or privilege ever been suspended, revoked or denied? Yes ___ No ___
If the answer to either A or B is yes, explain: (attach additional sheet if necessary)

Employment Record (attach additional sheet(s) if more space is needed)

Last employer: Name _____
 Address _____
 Position held _____ Supervisor _____ Dates: _____
 Salary _____ Reason for leaving _____
 Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___
 Were you subject to controlled substance & alcohol testing under 49 CFR
 Parts 40/382 while employed here? Yes ___ No ___

Employer: Name _____
 Address _____
 Position held _____ Supervisor _____ Dates: _____
 Salary _____ Reason for leaving _____
 Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___
 Were you subject to controlled substance & alcohol testing under 49 CFR
 Parts 40/382 while employed here? Yes ___ No ___

Employer: Name _____
 Address _____
 Position held _____ Supervisor _____ Dates: _____
 Salary _____ Reason for leaving _____
 Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___
 Were you subject to controlled substance & alcohol testing under 49 CFR
 Parts 40/382 while employed here? Yes ___ No ___

Education and Training

Name of School/Training	Degree or certificate earned	Date

To be read and signed by applicant:

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.

Date _____ Applicant's signature _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.