

NATIVE EXCAVATING, INC.

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DRIVER APPLICATION

Applicant Information

Full Legal Name		
Phone Number	Email Address	
Date of Birth (optional)	Social Security Number	
Date of Application	Position Applied For	Date Available to Start

Previous Three Years Residency

<i>Attach additional sheet if more space is needed</i>					
	Street	City	State	Zip Code	# of Years at Address
Current					
Mailing					
Previous					
Previous					
Previous					

Have you ever been denied license, permit, or privilege to operate a motor vehicle?

Has any license, permit, or privilege ever been revoked?

If yes to either of the above, please attach a statement giving details.

License Information

<i>No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years. Attach additional sheets if needed.</i>				
State	License #	Type/Class	Endorsements	Exp Date
Previously Held Licenses				

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx # of Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

Accident Record for the Past 3 Years

<i>Attach additional sheets if more space is needed. Check this box if none.</i>				
Date (most recent first)	Nature of Accident (head-on, rear-end, upset, etc.)	# of Fatalities	# of Injuries	Chemical Spill (Y/N)

This company requires all drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?

Traffic Convictions and Forfeitures for the past 3 years (excluding parking violations)

<i>Attach additional sheets of more space is needed. Check this box if none.</i>			
Date Convicted (mm/yy)	Violation	State of Violation	Penalty (forfeited bond, collateral and/or points)

Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all 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). Any gaps in employment in excess of one (1) month must be explained.**

Start with the last or current position, including any military experience, and work backwards (attach separate sheets of necessary). You are required to list the complete mailing address, including street number, city, state, and zip code. Please complete all other information.

Current (Most Recent) Employer		
Name		Phone Number
Address		
Position Held	Start Date	End Date
Reason for Leaving		Salary (Start and End)

While employed here, were you subject to the FMCSR?

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as

required by 49 CFR, part 40?

Second (Most Recent) Employer		
Name		Phone Number
Address		
Position Held	Start Date	End Date
Reason for Leaving		Salary (Start and End)

While employed here, were you subject to the FMCSR?

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?

Third (Most Recent) Employer		
Name		Phone Number
Address		
Position Held	Start Date	End Date
Reason for Leaving		Salary (Start and End)

While employed here, were you subject to the FMCSR?

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?

Have you registered with the FMCSA Clearinghouse?

Education

School	Name and Location	Course of Study	Years Completed	Graduate (Y/N)
High School				
College				
Other				

Other Qualifications:

Please list any other qualifications that you have and which you believe should be considered.

To be Read and Signed by the Applicant

I authorize Native Excavating to make investigations (including contacting current and prior employers) into my persona, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of Native Excavating.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/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.

This certifies that I completed this application, and that all entries on it and information in it are true and completed to the best of my knowledge. Note: A motor carrier may

require an applicant to provide for more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature	Date
Applicant Name (printed)	