



3500 E. Commercial Ct.  
Meridian, ID 83642

## APPLICATION FOR EMPLOYMENT

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Capitol Distributing.

### Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". If you need additional room in any section, please attach another sheet to provide this information.

Date:	Position applying for:		
Name:			
(First)	(Middle)	(Last)	
Phone Number:	Emergency Phone Number:		

### Current & Three Years Previous Addresses:

	From		To	
	From		To	
	From		To	
	From		To	

Have you worked for this company before?  Yes  No

If yes, give dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving?  
\_\_\_\_\_

Referral Source:  Advertisement  Relative  Employment Agency  Walk-In  Other \_\_\_\_\_  
 Employee \_\_\_\_\_

### Education History

Please indicate the highest grade completed:

High School: 9  10  11  12  or GED Yes  No

College: 1  2  3  4  Post-Graduate: 1  2  3  4

Last School Attended (name & location):

## Employment History

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Mo/Yr From:		Mo/Yr To:		Present or Last Employer
Position:				Name:
Reason for Leaving:				Phone:
Were you subject to the FMCRSS* while employed there?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Address:
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Mo/Yr From:		Mo/Yr To:		Present or Last Employer
Position:				Name:
Reason for Leaving:				Phone:
Were you subject to the FMCRSS* while employed there?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Address:
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Mo/Yr From:		Mo/Yr To:		Present or Last Employer
Position:				Name:
Reason for Leaving:				Phone:
Were you subject to the FMCRSS* while employed there?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Address:
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Mo/Yr From:		Mo/Yr To:		Present or Last Employer
Position:				Name:
Reason for Leaving:				Phone:
Were you subject to the FMCRSS* while employed there?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Address:
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Mo/Yr From:		Mo/Yr To:		Present or Last Employer
Position:				Name:
Reason for Leaving:				Phone:
Were you subject to the FMCRSS* while employed there?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Address:
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Please explain any gaps in employment:

\* The Federal Motor Carrier Safety Regulations (FMCRSS) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

# Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-trailer				
Tractor-two trailers				
Tractor-three trailers (triples)				
Other:				

List states operated in, for the last five years:

List special courses/training completed (PTD/DDC, Haz Mat, etc.):

List any Safe Driving Awards you hold and from whom:

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

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

### Moving Violations and Forfeitures for past three years *(attach another sheet if more space is needed)*

Date	Location	Charge	Penalty

### Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

- 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 or revoked? .....YES  NO
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? ..... YES  NO
- D. Have you ever been convicted of a misdemeanor or felony? ..... YES  NO

If the answers to A, B, C or D is "YES", give details:

## References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name:		Address:		Phone:	
Name:		Address:		Phone:	
Name:		Address:		Phone:	

## **To Be Read and Signed by Applicant**

---

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that Capitol Distributing or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act of 1970, I have been told that this investigation may include an investigating consumer report, including but not limited to information regarding my personal, employment, financial, medical history, and/or other related matters as may be necessary to arrive at an employment decision.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application.*

*It is agreed and understood that this application for employment in no way obligates Capitol Distributing to employ or hire the applicant.*

*It is agreed and understood that if I am qualified and hired, my employment is at will, meaning the employment relationship between myself and Capitol Distributing may be terminated at any time by either party, with or without cause, and with or without prior notice.*

I certify 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. It is understood and agreed upon that any misrepresentation by me in this application may result in the termination of my employment.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Capitol Distributing is an equal opportunity employer and considers all applications without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other protected status.

# DRIVER'S 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 the 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 general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year 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 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 prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five 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 motor carrier 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 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 Name (Printed): \_\_\_\_\_

# DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or 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 or she had a positive test or refusal 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: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Please Print)

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 drug 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 past 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: \_\_\_\_\_

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name:		Contact Person:	
Address:		City, State, Zip:	
Phone #:		Confidential Fax #:	

## Driver to Complete This Section Only

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three years**, from the date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I \_\_\_\_\_ hereby authorize this company to release all records of employment, including assessments  
Applicant Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Applicant's Signature	SSN or ID Number	D.O.B	Today's Date
-----------------------	------------------	-------	--------------

<b>For Office Use Only</b>	
Previous Employer: _____	Contact Person: _____
Mailing Address: _____	City, State, Zip: _____
Phone: _____	Fax: _____
Dates of Employment: _____	

## SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did her/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If test to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*   |                          |                          |

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

## **SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-names driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	Haz Mat. Spill?	# of Fatalities	# of Injuries

## **SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION**

Please provide the following information on the above-name driver-applicant:

He/she was employed for you as a: \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- If employed as a driver, what type of equipment did he/she operate?

Straight Trucks  Tractor/Trailer  Doubles  Triples  Other

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he/she a: Company Driver? Yes  No  Contractor? Yes  No   
Contractor's Driver? Yes  No  Other? Yes  No

General area traveled: \_\_\_\_\_ Commodities transport: \_\_\_\_\_

- While under your employment was he/she:

a. Bonded: Yes  No

b. Convicted of any traffic violations: Yes  No

If yes, please list all, including date and type: \_\_\_\_\_

c. License(s) suspended, revoked or denied: Yes  No

If yes, please explain: \_\_\_\_\_

- Reason for leaving: \_\_\_\_\_

- Would you re-employ this person: Yes  No  Upon review

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### **Previous Employer Representative Supplying Information:**

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature Date