



Circulating the World's Water

TRANSPORT CORP.

3225 HIGHWAY 22
DICKINSON, ND 58601
701-225-4495

APPLICATION
FOR EMPLOYMENT

NAME (Last, First, Middle Name)

ADDRESS (Street) (City) (State & Zip Code)

(Home Phone #/Cell Phone #) Are you at least 18 years of age? Yes No

Email If hired, can you provide documentation that you are eligible to work in the United States? Yes No

GENERAL INFORMATION

POSITION APPLYING FOR: DATE YOU CAN START:

What prompted you to apply at SolarBee? Walk In Job Service Other Referred By:

CHECK IF YOU ARE WILLING TO ACCEPT:

- Full Time Permanent
Part Time Temporary/Seasonal

PLEASE FILL IN THE TIMES YOU ARE AVAILABLE FOR WORK EACH DAY:

Table with columns for days of the week (Sun-Sat) and rows for hours available (From/To).

EDUCATION/TRAINING

Circle the highest grade completed:

7 8 9 10 11 12 GED 13 14 15 16 17 18

Table with 3 columns: Name of School, Course of Study, Degree, Certificate, Occupational License.

Subjects of special study or research work:

Special Skills/abilities/certificates/license(s)/equipment/software operated:

List any other qualifications which should be considered:

**Please complete Page 2 if applying for SolarBee Transport Corporation Install & Delivery Crew**

\*Social Security Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Required by Federal Motor Carrier Safety Regulations regulation FMCSA § 391.21 (2)

ADDRESS FOR PAST 3 YEARS	(Street) (City) (State & Zip Code)	HOW LONG? _____
	(Street) (City) (State & Zip Code)	HOW LONG? _____
(ATTACH SHEET IF MORE SPACE IS NEEDED)		

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT. ETC)	DATES FROM	TO	APPROX NO OF MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRLR				
TRACTOR-TWO TRLRS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

No Accidents in the past three years (Please initial in box)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

No Traffic Convictions or Forfeitures in the past three years (Please initial in box)

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 \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS BELOW

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# PREVIOUS EMPLOYMENT

PLEASE COMPLETE THE WORK HISTORY SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB  
(Attach Sheet if More Space is Needed)

NOTE: DOT Requires that employment for at least 3 Years and/or Commercial Driving Experience for the Past 10 Years be shown.

ARE YOU PRESENTLY EMPLOYED?		YES	NO	If yes, may we contact your present employer?		YES	NO								
EMPLOYER NAME: _____		PHONE: _____		EMPLOYER ADDRESS: _____		SUPERVISOR: _____									
CITY: _____		STATE: _____		ZIP: _____		JOB TITLE: _____									
REASON FOR LEAVING: _____															
LIST SPECIFIC TASKS/DUTIES PERFORMED: _____															
MACHINES/EQUIPMENT/SOFTWARE USED: _____															
DATE STARTED:		DATE ENDED:		STARTING WAGE:		ENDING WAGE:									
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MONTH	YEAR	MONTH	YEAR												
Were you subject to Federal Motor Carrier Safety Regulations** while employed?						<input type="checkbox"/> YES <input type="checkbox"/> NO									
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									
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason?															
FROM: _____ TO: _____															

EMPLOYER NAME: _____		PHONE: _____		EMPLOYER ADDRESS: _____		SUPERVISOR: _____									
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\* Any gaps in employment must be explained. (Unemployment, w. comp., school, etc)

\*\* The Federal Motor Carrier Safety Regulation apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in quantity requiring placarding.

## PREVIOUS EMPLOYMENT

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EMPLOYER ADDRESS: _____				SUPERVISOR: _____	
CITY: _____		STATE: _____		ZIP: _____	
JOB TITLE: _____					
REASON FOR LEAVING: _____					
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PLEASE SUMMARIZE ANY OTHER WORK HISTORY OR TRAINING YOU MAY HAVE:

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**REFERENCES**

PLEASE LIST BELOW THREE INDIVIDUALS WHO ARE NOT RELATED TO YOU:

NAME:	ADDRESS:	PHONE:

Have you ever been convicted, plead "guilty", or "no contest" to a crime? Answering "yes" to the question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into consideration.  Yes  No

If yes, please provide offense and date \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

If no, please explain \_\_\_\_\_

Are you currently on "layoff" status, subject to recall?  Yes  No

**APPLICANT'S ACKNOWLEDGEMENT**

*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. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.*

*In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulation of the employer and any special agreements reached between the employer and me.*

*The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.*

*By applying for this job, I consent to taking a pre-employment drug test if I am offered employment with the company. This test is usually performed before or during the first 3 weeks of employment.*

*I also consent to the company performing a background check on me which may include a credit check, criminal background check, and/or motor vehicle driving record check.*

*I also consent to signing a separate release or consent form for the above items upon request by the company, and understand that the results of the drug test or background check(s) may cause any offer of employment to be rescinded, without liability to the company.*

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTICE TO APPLICANT AFTER OCTOBER 29, 2004 YOU MUST BE NOTIFIED OF YOUR DUE PROCESS RIGHTS AS SPECIFIED IN FMCSR 391.23(i) (SEE BELOW):

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) 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;

(i)(1)(iii) 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.

(i)(2) 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 submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes, These reports are required by Sections 382.413, 391.23. and 391.25 of the Federal Motor Carrier Safety Regulations.

THIS IS TO BE READ AND SIGNED BY THE 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.*

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTE: ATTACH ADDITIONAL SHEETS IF SO NEEDED