

# APPLICATION FOR DRIVERS

BAKER SEPTIC & ASSOCIATES  
An Equal Opportunity Employer

COMPLETE IN FULL. IF ANY QUESTION DOES NOT APPLY TO YOU, ANSWER WITH NOT APPLICABLE (NA)

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?  YES  NO

IF YOU WERE AT YOUR CURRENT ADDRESS LESS THAN THREE YEARS, LIST YOUR PREVIOUS ADDRESS					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
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.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				

TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

*Attach additional sheet if more space is needed. Check this box if none*

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

*Attach additional sheet if more space is needed. Check this box if none*

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

**PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT**

- Have you ever failed a D.O.T. Drug and/or Alcohol Test?  YES  NO
- Have you ever refused to take a D.O.T. Drug and/or Alcohol Test?  YES  NO
- Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations?  YES  NO
- If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing, and the follow up testing. (attach another sheet if necessary)
- Have you ever been denied a license, permit, or privilege to operate a motor vehicle or had a license, permit or privilege suspended or revoked?  YES  NO If yes, please explain, attach a sheet if necessary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT-MOST RECENT EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

**FOURTH-MOST RECENT**

NAME				PHONE					
ADDRESS									
POSITION HELD				FROM MO/YR			TO MO/YR		
REASON FOR LEAVING						SALARY			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)									
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							<input type="checkbox"/> YES <input type="checkbox"/> NO		

**FIFTH- (MOST RECENT) EMPLOYER**

NAME				PHONE					
ADDRESS									
POSITION HELD				FROM MO/YR			TO MO/YR		
REASON FOR LEAVING						SALARY			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)									
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?							<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							<input type="checkbox"/> YES <input type="checkbox"/> NO		

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER QUALIFICATIONS**

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

**TO BE READ AND SIGNED BY APPLICANT**

In exchange for the consideration of my job application by Baker Septic, Inc. (hereinafter called “the Company”), I agree that:

I authorize you to make investigations (including contacting current and prior employers) into my personal, 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.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbook, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Baker Septic Tank Pumping, Inc. or otherwise to change in any respect the employment -at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned or the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or review their benefits, policies and procedures and such changes may include reduction in benefits.

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 the Company. I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

I also understand that for all driving positions, (1) the Company has a drug and alcohol policy that provides for pre-employment testing, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (2) continued employment is based on the successful passing of testing under such policy.

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/prior 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 complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

\*\*\*Baker Septic Tank Pumping, Inc. is proud to be an equal opportunity employer- we celebrate our employees’ differences, regardless of color, religion, sex, sexual orientation, gender, national origin, age, disability, or veteran status.

Applicant Signature		Date	
Applicant Name (printed)			