



APPLICATION FOR EMPLOYMENT



** Driver & Skilled Labor **

COPPER BASIN SANITATION LLC

PO Box 88, Glennallen, AK 99588-0088

Phone: 907-822-3600 Fax: 907-822-4224 email: cbssc@cvinternet.net

Applicant Information

Applicant Name _____
First Middle Last Phone (____) _____

*Mailing Address _____
Street City State Zip Code Alt Phone (____) _____
email: _____

**If at this residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*

Street _____ City State Zip Code _____

Street _____ City State Zip Code _____

Position applying for _____ Who referred you? _____

Date of Birth _____ Are you over age 18? Yes No Over age 19? Yes No Over age 21? Yes No

Have you worked for this company before? Yes No Where? _____ When? _____

Are you an Alaskan Resident? Yes No

Are you currently employed? Yes No If not, how long since leaving last employment? _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last school attended _____ Diploma Issued by: _____

Other training or certification applicable to the position _____

License Information

**Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.*

State: _____ License No.: _____ Type: _____ 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. In the past 3 years, have you had any traffic convictions or forfeitures (other than parking)? Yes _____ No _____
- D. In the past 3 years, have you had any accidents with fatalities or injuries? Yes _____ No _____
- E. In the past 3 years, have you had any accidents without fatalities or injuries? Yes _____ No _____

If you answered "yes" to A, B, C, D, or E, attach a statement giving details.

Military Service

If you are serving or have you ever served in the military, please provide: Branch: _____

Rank _____ If discharged: when _____ Copy of discharge attached? _____

Are you in the reserves? _____ Reporting station _____

Skills _____

Driving Experience

| <u>Class of Equipment</u> | | | <u>Circle Type of Equipment</u> | <u>Dates</u> | <u>Approx. No. of Miles</u> |
|---------------------------|-----|----|---------------------------------|-----------------------|-----------------------------|
| Straight Truck | Yes | No | (Van, Tank, Flat, Dump, Refer) | From: _____ To: _____ | _____ |
| Tractor & Semi-Trailer | Yes | No | (Van, Tank, Flat, Dump, Refer) | From: _____ To: _____ | _____ |
| Tractor – Two Trailers | Yes | No | (Van, Tank, Flat, Dump, Refer) | From: _____ To: _____ | _____ |
| Tractor – Three Trailers | Yes | No | (Van, Tank, Flat, Dump, Refer) | From: _____ To: _____ | _____ |
| Motor coach – School Bus | Yes | No | (Van, Tank, Flat, Dump, Refer) | From: _____ To: _____ | _____ |
| Other _____ | Yes | No | (Van, Tank, Flat, Dump, Refer) | From: _____ To: _____ | _____ |

List states operated in during last five years: _____
 Show special courses or training that will help you as a driver: _____

Heavy Equipment Operator Experience

| <u>Equipment</u> | <u>Type of Equipment</u> | <u>Dates</u> | <u>Approx. No. of Hours</u> |
|------------------|--------------------------|-----------------------|-----------------------------|
| Dozer | _____ | From: _____ To: _____ | _____ |
| Loader | _____ | From: _____ To: _____ | _____ |
| Backhoe | _____ | From: _____ To: _____ | _____ |
| Forklift | _____ | From: _____ To: _____ | _____ |
| Grader | _____ | From: _____ To: _____ | _____ |
| Other | _____ | From: _____ To: _____ | _____ |
| Other | _____ | From: _____ To: _____ | _____ |
| Other | _____ | From: _____ To: _____ | _____ |
| Other | _____ | From: _____ To: _____ | _____ |

Maintenance Experience & Qualifications

| <u>Indicate training and experience in the following</u> | <u>Formal Training (Check)</u> | <u>Years of Experience</u> | <u>Area</u> | <u>Formal Training (Check)</u> | <u>Years of Experience</u> |
|--|--------------------------------|----------------------------|---|--------------------------------|----------------------------|
| <u>Diagnostic Equipment</u> | _____ | _____ | <u>Tire Servicing</u> | _____ | _____ |
| <u>Sheet Metal Equipment</u> | _____ | _____ | <u>Tire Recapping</u> | _____ | _____ |
| <u>Frame & Axle Straightening Equipment</u> | _____ | _____ | <u>Wheel & Tire Balancing Machine</u> | _____ | _____ |
| <u>Engine Rebuilding</u> | _____ | _____ | <u>Engine Dynamometer</u> | _____ | _____ |
| <u>Diesel Injection Equipment</u> | _____ | _____ | <u>Chassis Dynamometer</u> | _____ | _____ |
| <u>Electric Welder</u> | _____ | _____ | <u>Magnetic Crack Detector</u> | _____ | _____ |
| <u>Oxyacetylene Welder</u> | _____ | _____ | <u>Engine Analyzer</u> | _____ | _____ |
| <u>Paint Spray Gun</u> | _____ | _____ | <u>Noise Measuring Equipment</u> | _____ | _____ |
| <u>Air Conditioning (Cab)</u> | _____ | _____ | <u>Emissions/Smoke Testing</u> | _____ | _____ |
| <u>Refrigeration (Cargo)</u> | _____ | _____ | <u>Inspections (State/Federal)</u> | _____ | _____ |
| <u>ASE Certification (Specify)</u> | _____ | _____ | <u>General Car Repair</u> | _____ | _____ |

Employment Record *(ATTACH SHEET IF MORE SPACE IS NEEDED)*

Provide the following information on **ALL** employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

| | |
|--|----------------------------------|
| COMPANY NAME _____ | SUPERVISOR _____ |
| ADDRESS _____ | PHONE _____ |
| POSITION HELD _____ | FROM _____ TO _____ SALARY _____ |
| REASON FOR LEAVING _____ | |
| ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____ _____ | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this job position designated as a safety sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|----------------------------------|
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| ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____ _____ | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this job position designated as a safety sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|----------------------------------|
| COMPANY NAME _____ | SUPERVISOR _____ |
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| POSITION HELD _____ | FROM _____ TO _____ SALARY _____ |
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| ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____ _____ | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this job position designated as a safety sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|----------------------------------|
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| POSITION HELD _____ | FROM _____ TO _____ SALARY _____ |
| REASON FOR LEAVING _____ | |
| ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____ _____ | |
| Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this job position designated as a safety sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Personal References

Name: _____
Phone Number: _____

Address: _____
email: _____

Name: _____
Phone Number: _____

Address: _____
email: _____

Name: _____
Phone Number: _____

Address: _____
email: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquiries into my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company.

"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 current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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."

DATE

APPLICANT'S SIGNATURE

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.

DATE

APPLICANT'S SIGNATURE

Social Security No # _____

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