

APPLICATION FOR QUALIFICATION

Company Miller Gordon, LLC
Address 352 E Riverside Dr. Suite A1-B
City Saint George **State** UT **Zip Code** 84790

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 the Company named above.

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".

Date _____ Position applying for; Check One: Contractor Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

**The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

Physical Exam Expiration Date: _____

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? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

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

Driving Experience

| Class of Equipment | 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 competed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years *(attach 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 |
|------------------|---|----------------------|-----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

| 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 felony? YES NO
- If the answers to A, B, C or D is "YES", give details _____

Personal 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 the motor carrier or his 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, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

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

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks (For office use only)

This form is courtesy of:

