



P.O. Box 775066
 Steamboat Springs, CO 80477
 Phone: (970) 879-280 Fax: (970) 879-0979

Driver's Application for Employment

DRIVER APPLICANT ONLY

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 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.

Signature _____ Date _____

Applicant Information:

Name: _____ Phone # _____
(First) (Middle) (Maiden, if any) (Last)

Address: _____
(Street) (City) (State) (Zip) (How Long?)

Are you over the age of 23? _____ Email Address: _____

Previous addresses: (If at the above address for less than three years)

Address: _____
(Street) (City) (State) (Zip) (How Long?)

Address: _____
(Street) (City) (State) (Zip) (How Long?)

(Attach additional sheet if necessary to account for all addresses in the last 3 years)

Are you interested in: Part Time _____ Full Time _____ # of shifts per week _____ Days _____ Nights _____

Have you worked for Go Alpine or Alpine Taxi before? No _____ Yes _____ If yes, when? _____

How did you hear of Go Alpine? _____ If referral, who? _____

This position requires the handling of luggage that could weigh up to 100 lbs. Do you have any limitations that would prevent you from performing this function of the job? No _____ Yes _____

Experience and Qualifications-Driver (Past 10 years)

	State	License No.	Class (type) and endorsements	Expiration Date
Drivers Licenses				

Current DOT Physical Card?	Yes: _____	No: _____	DOT Physical Card Expiration: _____
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Driving Experience

Class of equipment:	Type of equipment (Van, Tank, Flatbed, etc.)	Dates		Approximate # of Miles (total)
		(From)	(To)	
Straight truck				
Tractor and semitrailer				
Tractor-Two trailers				
Other				

Accident record for past three years (attach additional sheet if necessary)

Dates	Nature of accident	Fatalities	Injuries	DOT Recordable
Last accident				
Next previous				
Next previous				

Traffic convictions (other than parking violations) and forfeitures for the past three years

(Attach additional sheet if more space is needed)

Location	Date	Charge	Penalty

- 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, revoked or denied? Yes ___ No ___
- C. In the past 3 years, have you ever refused a DOT regulated alcohol or drug test? Yes ___ No ___
- D. In the past 3 years have you ever tested positive on a pre-employment or DOT regulated alcohol or drug test? Yes ___ No ___
- E. Have you ever been convicted of a felony or violent crime? Yes ___ No ___
- F. Have you ever been convicted of a drug or alcohol related traffic incident in the past 7 years? Yes ___ No ___

If the answer to questions A through F is yes, explain: (attach additional sheet if necessary)

Employment Record (attach additional sheet(s) if more space is needed)

You are required to give all employment information for at least three years.

If you are applying for a position that requires a CDL you will need to list all employment where you operated vehicles requiring a CDL for the past **seven** years.

Last employer: Name _____ Phone # _____

Address _____

Position held _____ Supervisor _____ Dates: _____ (from) _____ (to)

Reasons for leaving _____

- Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___
- Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed there? Yes ___ No ___

Last employer: Name _____ Phone # _____

Address _____

Position held _____ Supervisor _____ Dates: _____ (from) _____ (to)

Reasons for leaving _____

- Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___
- Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed there? Yes ___ No ___

Last employer: Name _____ Phone # _____
Address _____
Position held _____ Supervisor _____ Dates: _____
(from) (to)
Reasons for leaving _____
Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes _____ No _____
Were you subject to controlled substance & alcohol testing under 49 CFR
Parts 40/382 while employed there? Yes _____ No _____

Last employer: Name _____ Phone # _____
Address _____
Position held _____ Supervisor _____ Dates: _____
(from) (to)
Reasons for leaving _____
Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes _____ No _____
Were you subject to controlled substance & alcohol testing under 49 CFR
Parts 40/382 while employed there? Yes _____ No _____

Last employer: Name _____ Phone # _____
Address _____
Position held _____ Supervisor _____ Dates: _____
(from) (to)
Reasons for leaving _____
Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes _____ No _____
Were you subject to controlled substance & alcohol testing under 49 CFR
Parts 40/382 while employed there? Yes _____ No _____

Employment Gaps: Explain any periods that you were not working during the last 10 years other than due to personal illness, injury or disability. _____

To be read and signed by applicant:

I understand and agree that GO Alpine may make a full complete investigation of my personal employment history, may investigate and consider any criminal conviction record, may obtain and review reports of driver history, and will make inquiries to previous DOT-regulated employers for employment history, drug and alcohol testing results, and accident history.

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.

(Date) _____ (Applicant's signature) _____

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