

DRIVER APPLICATION

Anemometry Specialists

102 South Main Street
Alta, IA 51002
712-200-2281

Name _____ Social Security Number _____
 Address _____ Date of Birth _____
 City, State _____ Telephone _____
 Position applying for: _____ Cell phone _____
 Email Address: _____

Residence (last three years)

Street Address _____ City _____ State _____ Months/Years ____/____
 Street Address _____ City _____ State _____ Months/Years ____/____
 Street Address _____ City _____ State _____ Months/Years ____/____

EXPERIENCE AND QUALIFICATIONS

Driver Licenses	State	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

PAST EMPLOYMENT INFORMATION (Include all employers for the past three years and any employment that required driving for the past 10 years. If more space is needed, please attach a separate sheet)

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job 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? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job 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? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job 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? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job 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? Yes No	

PAST EMPLOYMENT INFORMATION (Include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet*)

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job 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? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job 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? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job 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? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job 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? Yes No	

TRAFFIC CONVICTIONS AND FORFEITURES for the past three years

Location	Date	Charge	Penalty

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

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___

If yes, provide details: _____

Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___

If yes, provide details: _____

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? YES ___ NO ___

If yes, give date and name of employer: _____

ACCIDENT RECORD for the past three years

Date	Nature of Accident (head on, rear end, etc.)	Fatalities/Injuries/Property Damage

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

TO BE READ AND SIGNED BY APPLICANT

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Anemometry Specialists: 1) the right to review information provided by previous employers; 2) 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 Anemometry Specialists; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Anemometry Specialists, 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. Anemometry Specialists will provide this information to me within five business days of receiving my written request. If Anemometry Specialists has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when Anemometry Specialists receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of Anemometry Specialists making them available, Anemometry Specialists may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. 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