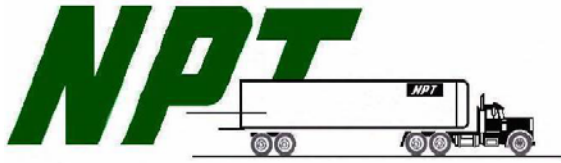


# Application for Employment



NORTH PARK TRANSPORTATION CO.

5150 COLUMBINE STREET • DENVER, COLORADO 80216  
(303) 295-0300 • FAX (303) 295-6244

Signature of Applicant \_\_\_\_\_ Date Application Submitted \_\_\_\_\_

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
First Middle Last

\*Current Address \_\_\_\_\_  
Street City State Zip Code

\* If at the above 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: \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_  
Name Address Phone

## 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: \_\_\_\_\_  
Name Address

## GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)  
Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_ If so, what name? \_\_\_\_\_

## DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for driver position

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth 391.21 (b)(2)  
month/day/year

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you tested positive or refused to test on any pre-employment alcohol and drug test administered by any prospective employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for driver position.**

**Licenses**

Driver Licenses held in past 3 years must be shown.	State	License Number	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 denied, suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to A, B, C, give details \_\_\_\_\_  
 \_\_\_\_\_

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Tractor-three trailers (triples)				
Other				

List states operated in during last five years \_\_\_\_\_  
 \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List safe driving awards held and who awards were presented by? \_\_\_\_\_

**Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)**

Dates	Nature of Accident (Head-On, Rear End, Upset, etc.)	Location of Accident	# of Fatalities	# of People Injured
Last Accident				
Next Previous				
Next Previous				

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. 391.21(b)(10),(11)

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  Yes  No

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  Yes  No

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

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Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  Yes  No

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

**MAINTENANCE EXPERIENCE & QUALIFICATIONS**

List courses and training in maintenance work \_\_\_\_\_

**Job Function**

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

**Shop Equipment**

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

**PLATFORM EXPERIENCE & QUALIFICATIONS**

List types of platform experience and number of years each. \_\_\_\_\_

List platform equipment you can operate (lift truck, etc) \_\_\_\_\_

List courses or training in platform work: \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer 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 other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.

I hereby consent to a pre or post employment substance abuse test. **I understand that this application or subsequent employment does not create a contract of employment or guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice.**

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 investigative 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 employment file.

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

If hired, I agree to abide by all rules and policies of the employer.

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 Signature \_\_\_\_\_

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE**

**PROCESS RECORD**

Applicant Hired? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth \_\_\_\_\_ (month/day/year)  
Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_  
Department \_\_\_\_\_ Classification \_\_\_\_\_

(If not hired, summary report of reasons should be placed in file)

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam *						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

\* Driver Applicants Only

Signature of Interviewing Officer: \_\_\_\_\_ Date \_\_\_\_\_

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Transfer \_\_\_\_\_ Reason for Transfer \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated: \_\_\_\_\_ Department Released From: \_\_\_\_\_

Dismissed: \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_