Badger Daylighting of ND, Inc.

1940 S. Broadway, #168; Minot, ND 58701

APPLICATION FOR EMPLOYMENT

NOTE: A motor carrier may require an applicant to provide more information than what is required by the FMCSA (49CFR, Part 391.21(c))

Date: _____/_____/_____ Position desired_____ Salary requirement_____

How were you referred to us?_____

Name:_____ Date of Birth _____/_____/_____ Social Security # _____/____/_____

Phone #:_____Cell #:_____Email:_____

Address:_____How long?_____

Additional Addresses: (include all addresses for past 3 years)_____

_____

Date available to start:____/____/____Type of employment desired: Full-time_____Part time_____Temp_____Seasonal_____

Are you a U.S. Citizen? _____ If not, are you legally allowed to work in the U.S.?_____

Have you ever worked for this company?_____If yes, when? ____/____/_____ If under 18, do you have a work permit?_____

Have you ever pled "guilty", "no contest" or been convicted of a crime?_____

If yes, give dates and details:_____

Answering "yes" to the above does not constitute an automatic rejection fro employment. Date, seriousnes and nature of the violation, rehabilitation and position applied for will be taken into consideration.

DRIVER LICENSE INFORMATION MUST BE SHOWN	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

EXPERIENCE AND QUALIFICATIONS - DRIVER - DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, FLATBED, ETC.)	DATES - SHOW TO AND FROM - OR SKIP TO NEXT BLOCK & PUT IN YEARS OF EXPERIENCE		APPROX. # OF MILES (TOTAL) OR PUT # OF YEARS OPERATING THIS TYPE OF EQUIPMENT, ETC.
STRAIGHT TRUCK				
TRACTOR; SEMI-TRAILER				
TRACTOR; TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

↑*ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED* ↑

TRAFFIC CONVICTIONS AND FORFIETURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATES	CHARGE	LOCATION	PENALTY

↑*ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED* ↑

A. Have you ever been denied a license, permit or privelege 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 2 years have you failed or refused any DOT regulated drug or alcohol test? YES*_____ NO_____

* If you answered "YES" to either A or B above, you must attach a separate sheet giving details.

NOTE: FMCSA REQUIRES THAT ***EMPLOYMENT FOR THE PAST 3 YEARS*** *AND/OR* ***CMV EXPERIENCE FOR THE PAST 10 YEARS*** *BE SHOWN*

LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES_____ NO_____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES_____ NO_____		
REASON FOR LEAVING:		

SECOND LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES_____ NO_____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES_____ NO_____		
REASON FOR LEAVING:		

THIRD LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES_____ NO_____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES_____ NO_____		
REASON FOR LEAVING:		

NOTICE TO APPLICANT: AFTER OCTOBER 29, 2004 YOU MUST BE NOTIFIED OF YOUR DUE PROCESS RIGHTS AS SPECIFIED IN FMCDS 391.23(I) (SEE BELOW)

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) 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 the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, 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. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

THIS IS TO BE READ AND APPLICANT MUST SIGN THE APPLICATION

This certifies that this application was completed by me, and that all entires on it and information in it are true and complete to the best of my knowledge.

APPLICANT SIGNATURE _____ DATE _____

NOTE: ATTACH ADDITIONAL SHEETS IF SO NEEDED

Driving Record Inquiry

I, (print name) _____ give my permission for a complete check of my driving record, including any state where I presently have or have had a driver's license or permit. This inquiry is required by 49CFR, Part 391.25, and will be made annually or as my employer deems necessary during the course of my association with Badger Daylighting of ND, Inc.

In compliance with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports, I know that I have the opportunity to obtain a copy of this report from my employer, and also have the opportunity to dispute the information if I believe it is incorrect, before any adverse action is taken against me.

My Driving License number is:

_____ State - _____

SSN: _____

My date of birth is:

_____

Signature:

_____

Date

_____

§391.25 Annual inquiry and review of driving record.

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, make an inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period.

(b) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle pursuant to §391.15.

(b)(1) The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

(b)(2) The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

(c) Recordkeeping. (1) A copy of the response from each State agency to the inquiry required by paragraph (a) of this section shall be maintained in the driver's qualification file.

(c)(2) A note, including the name of the person who performed the review of the driving record required by paragraph (b) of this section and the date of such review, shall be maintained in the driver's qualification file.

Records reviewed by:

_____ _____

Signature Date

Notes: _____

_____

_____