



Basin Service Company  
 9926 Hwy 83/PO Box 397  
 Westhope, ND 58793

### 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Additional Addresses (include all addresses for the past 3 years) \_\_\_\_\_

Date available to start \_\_\_/\_\_\_/\_\_\_ Type of employment desired \_\_\_ Full time \_\_\_ Part time \_\_\_ Temp \_\_\_ Seasonal

Are you legally allowed to work in the United States? \_\_\_\_\_ Have you ever worked for this company? \_\_\_\_\_

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSE				

*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 privilege 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.

LAST EMPLOYER

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
WAS THIS POSITION SUBJECT TO FMSCA 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

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
WAS THIS POSITION SUBJECT TO FMSCA 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

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FULL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
WAS THIS POSITION SUBJECT TO FMSCA 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: \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"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 49CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by current/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."

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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