

# HOWCROFT FIELD SERVICE INC

1040 E. 1500 S. Vernal, UT 84078  
435-789-5590 derik@howcroftfieldservice.com

## DRIVER PRE-EMPLOYMENT APPLICATION

*Please email completed application to the email address listed above or drop it off at the address listed above.*

APPLICATION INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		POSITION APPLIED FOR			
DATE OF APPLICATION		DATE AVAILABLE TO START WORK			
ADDRESS					
STREET		CITY	STATE	ZIP CODE	

Do you have legal right to work in the United States?  YES  NO

How many years of experience driving? \_\_\_\_\_ Do you have Winch Truck driving experience?  YES  NO

LICENSE INFORMATION				
<i>No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.</i>				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

CHECK ALL THAT APPLY

DRIVING EXPERIENCE				
STRAIGHT TRUCK	<input type="checkbox"/>	TRACTOR & 2 TRAILERS	<input type="checkbox"/>	PLEASE LIST ANY OTHERS BELOW (VAN, TANK, FLAT, ETC.)
TRACTOR & SEMI-TRAILER	<input type="checkbox"/>	TRACTOR & TANKER	<input type="checkbox"/>	

EMPLOYMENT HISTORY					
PREVIOUS EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

REFERENCES				
NAME		PHONE NUMBER		RELATION
NAME		PHONE NUMBER		RELATION
NAME		PHONE NUMBER		RELATION

TO BE READ AND SIGNED BY APPLICANT	
<p>I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.</p> <p>I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:</p> <ul style="list-style-type: none"> <li>• Review information provided by current/prior employers;</li> <li>• Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and</li> <li>• 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.</li> </ul> <p>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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.</p>	
Applicant Signature	Date
Applicant Name (PRINTED)	