



**ASK Transportation Inc.**

14667 HWY 2 West  
 Williston, ND 58801  
 701-774-3389 Office  
 701-875-4961 Fax

**APPLICANT INFORMATION**

DATE \_\_\_\_\_ Position applying for: \_\_\_\_\_

NAME \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver Licence Number \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM _____	TO _____
_____	FROM _____	TO _____
_____	FROM _____	TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**EDUCATION HISTORY:** Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12    College: 1 2 3 4    Post Graduate: 1 2 3 4

**EMPLOYMENT HISTORY:**

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Company phone ( ) \_\_\_\_\_  
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 requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Company phone ( ) \_\_\_\_\_  
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 requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Company phone ( ) \_\_\_\_\_  
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 requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Company phone ( ) \_\_\_\_\_  
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 requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Attach additional sheets for 10-year history, if needed.)

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semitrailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location of Accident	# of Fatalities	# of people injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years: State License**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_



## Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### To Be Read and Signed by Applicant:

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.*

*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 investigating 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 application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*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.*

Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks: (For office use only)

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# MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD

## SECTION I MOTOR VEHICLE DRIVER CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Motor Carrier's City/State/Zip)

\_\_\_\_\_  
(Reviewed by: Signature)

\_\_\_\_\_  
(Title)

## SECTION II ANNUAL REVIEW OF DRIVING RECORD 391.25

Driver's Information:

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operating under the influence of alcohol or drugs, that indicated that the driver has exhibited a disregard for safety of the public. Having done the above, I find that

- [ ] the driver meets the minimum requirements for safe driving, or  
[ ] the driver is disqualified to drive a motor vehicle pursuant to 391.15.

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Reviewed by: Signature and Title

This document must be maintained in the driver's qualification file and may be purged after 3 years from date of execution.



# HUMAN RESOURCES MEMO

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## DOT FMCSA CLEARINGHOUSE CONSENT

I, \_\_\_\_\_ (Driver Name), hereby provide consent to **ASK TRANSPORTATION INC** to conduct a full or limited query of the FMCSA (Federal Motor Carrier Safety Administration) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

This consent authorizes **ASK TRANSPORTATION INC** to conduct unlimited multiple full or limited queries for the duration of employment.

I understand that if the limited query conducted by **ASK TRANSPORTATION INC** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **ASK TRANSPORTATION INC** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **ASK TRANSPORTATION INC** to conduct a full or limited query of the Clearinghouse, **ASK TRANSPORTATION INC** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I consent that I received a copy of the FMCSA Clearinghouse overview for my review. Within this review, I have had a chance to ask any questions, obtain any clarifications and verify by the signature endorsement below that I will participate and comply with the expectations and intent of these requirements. Failure to meet expectations within will be considered misconduct and a breach of job duties and responsibilities pursuant to job performance.

\_\_\_\_\_  
Signature of the driver

\_\_\_\_\_  
Date Signed

Cc: Employee File