



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Colorado Powerline, Inc. does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature at the end of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Full Name – include middle name

Phone Number

Street Address

City, State and Zip

Social Security Number for background check

Driver's License Number State

Date of Birth for background check Are you 18 years of age or older? Yes No

Have you worked here before? Yes No If yes, when? _____

Have you applied here before? Yes No

Is your License a CDL? Yes No If yes what Class? A B

If hired, do you expect to be engaged in any additional business or employment outside of this job? Yes No

If yes, give details _____

EMPLOYMENT HISTORY

List employers in consecutive order, most recent first. Account for all periods of time including military service or periods of unemployment. If self-employed, give company name.

Name, Address and Telephone of Employer	Employed		Pay		Reason for Leaving
	From (mo/yr)	To (mo/yr)	Start	End	
Title:			\$	\$	
	Duties				
					Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for Leaving
	From (mo/yr)	To (mo/yr)	Start	End	
Title:			\$	\$	
	Duties				
					Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for Leaving
	From (mo/yr)	To (mo/yr)	Start	End	
Title:			\$	\$	
	Duties				
					Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for Leaving
	From (mo/yr)	To (mo/yr)	Start	End	
Title:			\$	\$	
	Duties				
					Supervisor(s)

EDUCATION

	Name and Address of School	Years Completed	Diploma/ Degree Certificate
High School or GED			
College or University			
Major or area of study			
Vocational or Technical			
Major or area of study			

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

DRIVING

List all current drivers' license(s) you have held in the last 3 years:

Driver's license number _____ Class _____ State licensed in _____ Expiration date _____

Driver's license number _____ Class _____ State licensed in _____ Expiration date _____

Driver's license number _____ Class _____ State licensed in _____ Expiration date _____

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

Have you had a license, permit or privilege revoked? Yes No

If yes to either question, give details. _____

Have you had a traffic accident within the past 3 years? Yes No

If yes:

Date: _____ Nature of Accident _____ Ticket issued? Yes No

Date: _____ Nature of Accident _____ Ticket issued? Yes No

Date: _____ Nature of Accident _____ Ticket issued? Yes No

Have you had a ticket issued to you for a traffic violation (other than parking) within the past 3 years? Yes No

If yes:

Date: _____ Nature of ticket _____

Date: _____ Nature of ticket _____

Date: _____ Nature of ticket _____

Do you have experience driving:

Truck over 10,000 lbs Yes No If yes, describe _____ How many hours? _____

Tractor and Semi Trailer Yes No If yes, describe _____ How many hours? _____

Coach or School Bus Yes No If yes, describe _____ How many hours? _____

Do you have any special courses or training that will help you as a driver? Yes No

If yes, describe _____

REFERENCES

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

AUTHORIZATION

I certify that I have read and understand the application note on page 1 of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment

I promise the information I provided on this form is true and correct. I understand that dishonesty will disqualify me from consideration for employment with CPI, or if I am hired, may result in termination.

I agree that a facsimile of this authorization may be used in lieu of the original.

I understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

The remainder of this page is intentionally left blank.

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements of Part 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighting 26,001 pounds or more; can transport more than 15 people or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License Number _____ State _____ Expiration Date _____

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j) – As the employer, you must ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by any employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or refused to test, you must not use the employee to perform safety-sensitive functions for you until the employee documents successful completion of the return-to-duty process. (see Section 40.25(b)(5) and (e)).

Prospective Employee Name: _____

Printed

The prospective employee is required by Section 40.25(j) to respond to the following questions:

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____

Date: _____

