

STAN MILLER, INC.
P.O. BOX 804, BRECKENRIDGE, CO 80424
(970) 453-6095

DRIVER'S APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Name: _____ Phone Number: _____

E-mail Address:----- Alt Phone Number: _____

Mailing Address: _____

P.O. Box _____ City _____ State _____ Zip Code _____

Physical Address: _____
Street Address _____ City _____ State _____ Zip Code _____

List your addresses of residency for the past 3 years:

Street Address _____ City _____ State _____

Street Address _____ City _____ State _____

Street Address _____ City _____ State _____

Are you legally entitled to work in the United States of America: Yes _____ No _____

You will need to show evidence of this upon hire.

Date of Birth: _____

Drivers License # & State : _____ Class: _____ Endorsements: _____

In Case of Emergency, Notify: _____

Name

Relationship

Home Phone: < _____ Work: _____

Physical Address: _____
Street Address _____ City _____ State _____

Military Service: Yes ___ No ___ Branch of Service: _____

Dates of Service: _____ Honorably Discharged? Yes ___ No ___

EMPLOYMENT DESIRED:

Position: _____ Date to Start: _____ Salary Desired: _____

Are you employed now? _____ May we contact your current employer? _____

Have you applied for employment at Stan Miller, Inc. before? _____ When? _____

Names of any relatives or friends employed by Stan Miller, Inc.: _____

EDUCATION:

Name/Address of School _____ Years Completed _____ Type of Degree Earned _____

TRUCK EXPERIENCE: _____

MACHINE / EQUIPMENT EXPERIENCE: _____

ADDITIONAL CERTIFICATIONS: (check any that apply)

- | | |
|---|---|
| <input type="checkbox"/> Pilot Car Escort Vehicle Certification | <input type="checkbox"/> Flagging Certification |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Traffic Control Supervisor |
| | <input type="checkbox"/> Certified Weigher |

MOTOR VEHICLE RECORD:

Alcohol related violation within the last 5 years? Yes No

Date of conviction ___ ___ Offense _____ Location _____

Moving Violation within the last 3 years: ___ ___ Yes No

Date of Conviction _____ Offense _____ Location _____

Date of Conviction _____ Offense _____ Location _____

Has your license, permit or privilege ever been suspended or revoked? ___ ___

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, in the event that the applicant agrees to accept a position with the company, the applicant and the company agree that employment relationship between the company and the employee is an at-will relationship and that the employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee.

SIGNATURE _____ DATE: _____

As an employee of Stan Miller, Inc. you or your designated representative has the right to access your medical records on file at the main office. Your point of contact is Sue Stillwell. A copy of your access right will be made available upon request.

Stan Miller, Inc. is an equal opportunity employer , dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, or physical handicap .

EMPLOYMENT HISTORY
For previous 10 years.

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a CDL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a COL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a CDL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a CDL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a CDL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a COL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a CDL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a COL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a COL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a COL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a CDL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a COL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a COL? _____ Yes No

Employer Name: _____ Dates: _____ to _____
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____ Salary/Wage: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
Did you drive a vehicle requiring a COL? _____ Yes No

STAN MILLER, INC.
P.O. BOX 804, BRECKENRIDGE, CO 80424
PHONE (970) 453-6095

PERMISSION FOR RELEASE OF DRIVING RECORD

I hereby authorize the release of records maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18USC 2721) and Colorado Law (24-72-204, 41-1-206, 42-3-125 CRS)

Printed Name _ _ _ _ _

Address _ _ _ _ _

Date of Birth _ _ _ _ _ Driver's License Number _ _ _ _ _

Signature _ _ _ _ _ Date _ _ _ _ _

Purposes for which records are released:

- Information for employment purposes.
- For verification of information related to a commercial driver's license holder.
- For insurers or insurance support organizations or self-insured entities in connection with claims investigation, antifraud, rating or underwriting.

STAN MILLER, INC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying ten years previous employment, two years previous drug and alcohol test results, your driving record, and criminal background check may be obtained on you for employment purposes. These reports are required by Sections 382.413, 291.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Printed Name

Social Security Number

Signature

Date

Stan Miller Inc.

**P.O. Box 804
13541 Highway 9
Breckenridge, CO 80424**

Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse

I _____ hereby provide consent to Stan Miller Inc. to conduct a full query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exist in the Clearinghouse.

I understand that if the full query conducted by Stan Miller Inc. indicates that drug or alcohol violation information about me exists in Clearinghouse, FMCSA will not disclose that information to Stan Miller Inc without first obtaining additional specific consent from me

I further understand that if I refuse to provide consent for Stan Miller Inc. to conduct a full query of FMCSA's Clearinghouse, Stan Miller 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. Whereas refusal, for new employment will not be considered.

Employee Signature

Date