

ARE YOU AT LEAST 18 YEARS OF AGE? _____

TRUCK EXPERIENCE: __ _ _ _ _

MACHINE EXPERIENCE: _____

ADDITIONAL CERTIFICATIONS: (check any that apply)

 Pilots Certification ___ Flagging Certification CPR
___ Certified Weigher _ _ Traffic Control Supervisor

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 _

Date of Conviction _ _ _ _ _ Offense _ Location _

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 .

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.