



2100 9<sup>th</sup> Avenue North, Great Falls, MT 59401 • P: (406) 453-7692 • F: (406) 727-9040 • www.unitedmaterialsgtf.com

### APPLICATION FOR QUALIFICATION

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the United Materials of Great Falls, Inc.

#### Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

#### Applicant Information:

Date		Position Applying for	<input type="checkbox"/> Contractor <input type="checkbox"/> Driver <input type="checkbox"/> Contractor's Driver		
First Name		Middle Name		Last Name	
Phone Number		Emergency Phone Number			
*Age		Date of Birth		Social Security Number	

*\* 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.*

#### Current and Three Years Previous Addresses:

	From		To	
	From		To	
	From		To	
	From		To	

Have you worked for United Materials of Great Falls, Inc. before?  Yes  No

If yes, give dates: 

From		To	
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Reason for leaving:

#### Education History (Circle One):

- Other (± 10 years)
- High School/GED (± 11 years)
- Technical Diploma (± 12 years)
- Associate's Degree (± 13 years)
- Bachelor's Degree (± 16 years)
- Master's Degree (± 18 years)
- Doctorate Degree (± 19 years)

**Employment History:**

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

**Employment 1:**

From		To		Employer Name		Supervisor	
Position Held		Address					
City				State		Zip	
Reason For Leaving				Employer 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 CRF Part 40?  Yes  No

Weekly Starting Salary		Weekly Final Salary	
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From		To		Employer Name		Supervisor	
Position Held		Address					
City				State		Zip	
Reason For Leaving				Employer 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 CRF Part 40?  Yes  No

Weekly Starting Salary		Weekly Final Salary	
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**Employment 2:**

From		To		Employer Name		Supervisor	
Position Held		Address					
City				State		Zip	
Reason For Leaving				Employer 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 CRF Part 40?  Yes  No

Weekly Starting Salary		Weekly Final Salary	
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**Employment 3:**

From		To		Employer Name		Supervisor	
Position Held		Address					
City				State		Zip	
Reason For Leaving				Employer 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 CRF Part 40?  Yes  No

Weekly Starting Salary		Weekly Final Salary	
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**Driving Experience:**

Class of Equipment	From	To	Approximate Number of Miles (Total)
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years:

List special courses/training completed (PTD/DDC, Haz Mat, etc.):

List any Safe Driving Awards you hold and from whom:

**Accident Record for past three years:**

Date	Nature of Accident (Head on, rear end, upset, etc.)	Location	People Injured	Fatalities

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

Date	Location	Charge	Penalty

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

State	License Number	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 answer to any of the above is "Yes", provide details:

**Personal References:**

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

Name	Address	Phone	E-mail



**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 United Materials of Great Falls, Inc. or their agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons 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 for Qualification in no way obligates the United Materials of Great Falls, Inc. 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:

**Applicant Data Record**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting, and will be kept in a confidential file separate from the Application for Qualification.

Position		Referral Source	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other			
Address						
City		State		ZIP		
First Name		Middle Name		Last Name		
Phone		Social Security				

**Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:  Male    Female

Check one: of the following:

- Black or African-American    Hispanic or Latino    American Indian or Alaskan Native    Asian
- Native Hawaiian or other Pacific Islander    White    Two or more races

Do you have a disability:  Yes    No

Check if any of the following are applicable:

- Vietnam-era Veteran    Disabled Veteran    Other Protected Veteran    Newly Separated Veteran

**See the following page for appropriate definitions.**

## **Definitions**

### **Disability:**

A person with a disability is unable to perform a major life activity that an average person can perform, or is significantly restricted in the performance of a major life activity. With respect to the major life activity of working it means significantly restricted in the ability to perform a class of jobs or a broad range of jobs in various classes.

### **Vietnam-Era Veteran:**

You must have served on active duty for more than 180 days, part or all of which was actually served in the Republic of Vietnam; discharge must have been other than dishonorable.

### **Disabled Veteran:**

A disabled veteran is a person who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or rated at 10 to 20 percent if it has been determined that the individual has a serious employment disability; or a person who was discharged or released from active duty because of a service-connected disability.

### **Other Protected Veteran:**

Anyone who has ever served on active duty for more than 180 days but who did not serve in the Republic of Vietnam; discharge must have been other than dishonorable.

### **Newly Separated Veteran:**

Anyone who has served on active duty for more than 180 days and was discharged (other than dishonorably) in the past 12 months.