

APPLICANT CONSENT



BONNEVILLE TRANSLOADERS (BT Incorporated)
642 S Federal Blvd
Riverton, WY 82501
(307) 856-7480
Fax: (307) 856-4623

Applicant Consent

Name: _____
(First) (Middle) (Last)

Date: _____
(Month) / (Date) / (Year)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer to employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I may be required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for the those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

APPLICATION FOR EMPLOYMENT



BONNEVILLE TRANSLOADERS (BT Incorporated)
642 S Federal Blvd
Riverton, WY 82501
(307) 856-7480
Fax: (307) 856-4623

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 (FMCSR) and BT Incorporated.

Kemmerer Riverton Wells

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".

Date: _____ Position applying for; Check One: Driver Office
 Mechanic/Welder Truck Wash

Name: _____
(First) (Middle) (Last)

Phone Number (_____) Emergency Phone Number (_____)

Age* _____ 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 & Three Years Previous Addresses:

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Have you worked for BT Incorporated 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 years, including any unemployment or self employment, and all commercial driving experience.

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone(_____) _____

Were you subject to 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

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone(_____) _____

Were you subject to 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

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone(_____) _____

Were you subject to 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

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for Leaving _____ Phone(_____) _____

Were you subject to 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

*The Federal Motor Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Driving Experience

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

List state operated in, for the last five years: _____

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

List any Safe Driving Awards you hold and from whom _____

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

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

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 #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **YES** **NO**

B. Has any license, permit, or privilege ever been suspended or revoked? **YES** **NO**

C. 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**

D. Have you ever been convicted of a felony? **YES** **NO**

If the answers to A, B, C, or D is "YES", give details _____

Personal References

List three 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 Bonneville Transloaders (BT Incorporated) or it's 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 Bonneville Transloaders (BT Incorporated) 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's Signature _____ **Date** _____

