

Sundre Sand and Gravel, Inc.

6220 37th Ave SE; Minot, ND 58701
Phone: 701-838-4455 Fax: 701-852-3809

APPLICATION FOR EMPLOYMENT

NOTE: A motor carrier may require an applicant to provide information in addition to the requirements of 49CFR, Part 391.21(b) on the application form.

Date: ___/___/___ Position desired _____ Salary requirement _____

How were you referred to us? _____

Full Name: First _____ Middle _____ Last _____

Phone #: _____ Cell #: _____ Email: _____

Address: _____ How long? _____

Additional Addresses: (Include all addresses for past 3 years) _____

Date available to start: ___/___/___ Type of employment desired: Full-time ___ Part time ___ Temp ___ Seasonal ___

Do you have a Medical Certificate? Yes ___ No ___ Do you have a Miner Certificate? Yes ___ No ___

Are you CPR/First Aid Certified? Yes ___ No ___ Can you travel if the job requires it? Yes ___ No ___

Are you a U.S. Citizen? _____ If not, are you legally allowed to work in the U.S.? _____

Have you ever worked for this company? ___ If yes, when? ___/___/___ If under 18, do you have a work permit? _____

If under 18, do you have a work permit? Yes ___ No ___ If yes, please attach a copy of the work permit

Have you ever pled "guilty", "no contest" or been convicted of a crime? _____

If yes, give dates and details: _____

Answering "yes" to the above does not constitute an automatic rejection from employment. Date, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

Driver License information must be shown	State	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Describe the type of truck/trailer with which you have experience (Van, Tanker, Flatbed, Etc.)	Dates - Show to and from or skip to the next block & put in years of experience		Approximate number of miles or number of years operating this type of
		From	To	
Straight Truck				
Tractor; Semi-trailer				
Tractor; Doubles/triples				
Specialty Trailers				

ACCIDENT RECORD (past 3 years)

Dates	Nature of accident (head-on, rear-end, rollover, etc.)	Fatalities	INJURIES
Last Accident			
Previous Accident			
Next Previous Accident			

↑ Attach additional sheets if more space is needed ↑

TRAFFIC CONVICTION AND FORFEITURES (past 3 years; other than parking violations)

Date	Charge/Violation	Location	Penalty

↑ Attach additional sheets if more space is needed ↑

FMCSA REQUIRES EMPLOYMENT FOR THE PAST 3 YEARS AND CMV EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

CURRENT/LAST EMPLOYER

Name:		
Address:		Phone:
Position Held:	From:	To:
Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Was this position subject to DOT FMCSA Regulations? YES _____ NO _____		
Was this position designated as a Safety Sensitive Function under any DOT Agency, subject to the drug & alcohol testing requirements of 49CFR, Part 40? YES _____ NO _____		
Reason for Leaving:		

PREVIOUS EMPLOYER

Name:		
Address:		Phone:
Position Held:	From:	To:
Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Was this position subject to DOT FMCSA Regulations? YES _____ NO _____		
Was this position designated as a Safety Sensitive Function under any DOT Agency, subject to the drug & alcohol testing requirements of 49CFR, Part 40? YES _____ NO _____		
Reason for Leaving:		

NEXT PREVIOUS EMPLOYER

Name:		
Address:		Phone:
Position Held:	From:	To:
Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Was this position subject to DOT FMCSA Regulations? YES _____ NO _____		
Was this position designated as a Safety Sensitive Function under any DOT Agency, subject to the drug & alcohol testing requirements of 49CFR, Part 40? YES _____ NO _____		
Reason for Leaving:		

NEXT PREVIOUS EMPLOYER

Name:		
Address:		Phone:
Position Held:	From:	To:
Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	
Was this position subject to DOT FMCSA Regulations? YES _____ NO _____		
Was this position designated as a Safety Sensitive Function under any DOT Agency, subject to the drug & alcohol testing requirements of 49CFR, Part 40? YES _____ NO _____		
Reason for Leaving:		

- 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. In the past 3 years have you failed or refused any DOT regulated drug or alcohol test? YES* _____ NO _____
- * If you answered "YES" to either A or B above, you must attach a separate sheet giving details.

EDUCATION

	Name, City & State of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate/Professional				

REFERENCES

Name	Company	Address	Phone Number	Years Known

SMOKING POLICY:

Sundre Sand & Gravel prohibits smoking in the workplace.

This Section For DOT Regulated Applicants only (CDL Drivers):

Date of Birth: ____/____/____ Social Security Number: ____-____-____

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

ALL APPLICANT'S MUST READ THE STATEMENT BELOW, THEN SIGN & DATE THE APPLICATION

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

NOTE: ATTACH ADDITIONAL SHEETS IF NEEDED; SIGN AND DATE EACH SHEET ATTACHED

Revised 10/07/2016

**NOTICE OF CONSUMER REPORT
Pre-Adverse Action Notice**

Dear Applicant:

This is to inform you that as part of our procedure for processing your employment application and at any time during your employment, Sundra Sand and Gravel (hereafter referred to as The Employer) may obtain from a consumer reporting agency an investigative consumer report (background check) for employment purposes. In compliance with the Fair Credit Reporting Act, The reporting Agency, Northern Testing, 3108 S. Broadway, Suite E, Minot, ND 58701; will not obtain such a report without your signed authorization.

You understand that upon written request (within 60 days) to The Employer you will be informed whether an investigative consumer report was received and given full information as to the nature, scope and findings of the investigation. You understand that an investigative report is a report in which public and/or personal information may be obtained through personal interviews with known associates and public reporting agencies. Personal information can include, but is not limited to: Criminal & driving records, educational and employment, tests for illegal drugs, verifications, social security address trace, employment credit check, personal references, etc.

By signing below, you are authorizing The Employer to obtain an investigative consumer report as part of the pre-employment background screening process. If The Employer offers you employment, you authorize The Employer to obtain additional investigative reports and retain those reports on file for the duration of your employment or longer if required and/or allowed by law.

I hereby acknowledge that I have read the above disclosure statement and have understood it.

WRITE LEGIBLY (NEATLY)!!

Printed Full Name _____ Date of Birth _____

Social Security Number _____ Drivers License # _____

Last Address _____ City _____ State _____

Previous Address _____ City _____ State _____

For DOT regulated employees: §391.25 Annual Inquiry and review of driving record.

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, make an inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period.

(b) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle pursuant to §391.16.

(b)(1) The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

(b)(2) The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

(c) Recordkeeping. (1) A copy of the response from each State agency to the inquiry required by paragraph (a) of this section shall be maintained in the driver's qualification file.

(c)(2) A note, including the name of the person who performed the review of the driving record required by paragraph (b) of this section and the date of such review, shall be maintained in the driver's qualification file.

Signature of Applicant

Date

Driving Record Inquiry

I, (print name) _____ give my permission for a complete check of my driving record, including any state where I presently have or have had a driver's license or permit. This inquiry is required by 49CFR, Part 391.25, and will be made annually or as my employer deems necessary during the course of my association with Sundre Sand and Gravel. Inc.

In compliance with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports, I know that I have the opportunity to obtain a copy of this report from my employer, and also have the opportunity to dispute the information if I believe it is incorrect, before any adverse action is taken against me.

My Driving License number is:

My date of birth is:

_____ State - _____

Social Security #: _____

Signature:

Date

§391.25 Annual Inquiry and review of driving record.

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, make an inquiry into the driving record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period.

(b) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle pursuant to §391.15.

(b)(1) The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

(b)(2) The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

(c) Recordkeeping. (1) A copy of the response from each State agency to the inquiry required by paragraph (a) of this section shall be maintained in the driver's qualification file.

(c)(2) A note, including the name of the person who performed the review of the driving record required by paragraph (b) of this section and the date of such review, shall be maintained in the driver's qualification file.

Records reviewed by:

Signature

Date

Notes: _____

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing & Safety Performance History

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A and/or our third party administrator, Northern Tzong. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 & 391.23. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.
7. Accident & work history information as required by 49CFR, Part 391.23

New Employer: Sundre Sand and Gravel, Inc. Address: 6220 37th Ave SE; Minot, ND 58701

Phone #: 701-838-4455 Fax #: c/o 701-839-6120 Designated Employer Rep.: Beckv

Previous Employer: Address:

Phone #: Fax #: Designated Employer Rep.

Employee Printed Name: Employee SS or ID Number:

Employee Signature: Date:

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to Item 5, you must provide the previous employer's report. If you answered "yes" to Item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Within the past 3 years...

- 7. Were there any safety violations or concerns with this employee while at your company? YES ___ NO ___
8. Were there any accidents as defined by 49CFR, Part 390.5 while at your company? YES ___ NO ___
9. Did a previous employer report an accident to you in your investigation of this driver? YES ___ NO ___

If yes to 7, 8 or 9 above, Please explain or attach documentation:

10. Dates employee was employed with your company: Start ___ End ___ Job Title ___

II-B.

Signature of person providing information in Section II-A: ___

Printed Name: ___ Title: ___

Phone #: ___ Date: ___

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing & Safety Performance History

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B to the employer listed in Section I-A and/or our third party administrator, Northern Testing. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 & 391.23. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.
7. Accident & work history information as required by 49CFR, Part 391.23

New Employer: Sundre Sand and Gravel, Inc. Address: 6220 37th Ave SE; Minot, ND 58701

Phone #: 701-838-4455 Fax #: c/o 701-839-6120 Designated Employer Rep.: Becky

Previous Employer: Address:

Phone #: Fax #: Designated Employer Rep.:

Employee Printed Name: Employee SS or ID Number:

Employee Signature: Date:

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Within the past 3 years...

- 7. Were there any safety violations or concerns with this employee while at your company? YES ___ NO ___
8. Were there any accidents as defined by 49CFR, Part 390.5 while at your company? YES ___ NO ___
9. Did a previous employer report an accident to you in your investigation of this driver? YES ___ NO ___

If yes to 7, 8 or 9 above, Please explain or attach documentation:

Blank lines for providing explanation or documentation.

10. Dates employee was employed with your company: Start ___ End ___ Job Title ___

II-B.

Signature of person providing information in Section II-A: _____

Printed Name: _____ Title: _____

Phone #: _____ Date: _____

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing & Safety Performance History

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A and/or our third party administrator, Northern Testing. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.23 & 391.23. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.
7. Accident & work history information as required by 49CFR, Part 391.23

New Employer: Sundre Sand and Gravel, Inc. Address: 6220 37th Ave SE; Minot, ND 58701

Phone #: 701-838-4455 Fax #: c/o 701-839-6120 Designated Employer Rep.: Becky

Previous Employer: Address:

Phone #: Fax #: Designated Employer Rep.

Employee Printed Name: Employee SS or ID Number:

Employee Signature: Date:

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing --

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to Item 5, you must provide the previous employer's report. If you answered "yes" to Item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Within the past 3 years...

- 7. Were there any safety violations or concerns with this employee while at your company? YES ___ NO ___
8. Were there any accidents as defined by 49CFR, Part 390.5 while at your company? YES ___ NO ___
9. Did a previous employer report an accident to you in your investigation of this driver? YES ___ NO ___

If yes to 7, 8 or 9 above, Please explain or attach documentation:

Blank lines for providing explanation or documentation.

10. Dates employee was employed with your company: Start ___ End ___ Job Title ___

II-B.

Signature of person providing information in Section II-A: ___

Printed Name: ___ Title: ___

Phone #: ___ Date: ___

VIOLATION CERTIFICATION

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of conviction	Offense	Location	Type of motor vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Drivers signature)

(Date)

Sundre Sand and Gravel, Inc.

6220 37th Ave SE; Minot, ND 58701

(Reviewed by: Signature)

(Title)

This form is required by the Department of Transportation (49CFR, Part 391.27). It basically is a declaration of any and all citations (other than parking) you have received within the past 12 months, in any type of vehicle. Your employer must keep this copy in your driver qualification file.