



20680 Niobrara Blvd. Lasalle CO 80645

APPLICATION FOR EMPLOYMENT

NOTE: A motor carrier may require an applicant to provide more information than what is required by the FMCSA (49CFR, Part 391.21(c))

Date: ___/___/___ Position desired _____ Salary requirement _____
 Name: _____ Date of Birth ___/___/___ Social Security # ___/___/___
 Phone #: _____ Cell #: _____ Email: _____
 Address: _____ How long? _____
 Additional Addresses: (include all addresses for past 3 years) _____

How were you referred to us? _____
 Date available to start: ___/___/___ Type of employment desired: Full-time ___ Part time ___ Temp ___ Seasonal ___
 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? _____
 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

EXPERIENCE AND QUALIFICATIONS - DRIVER - DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, FLATBED, ETC.)	DATES - SHOW TO AND FROM - OR SKIP TO NEXT BLOCK & PUT IN YEARS OF EXPERIENCE	APPROX. # OF MILES (TOTAL) OR PUT # OF YEARS OPERATING THIS TYPE OF EQUIPMENT, ETC.
STRAIGHT TRUCK			
TRACTOR; SEMI-TRAILER			
TRACTOR; TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

☐ ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED ☐

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATES	CHARGE	LOCATION	PENALTY

☐ ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED ☐

- 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 2 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.**

NOTE: FMCSA REQUIRES THAT **EMPLOYMENT FOR THE PAST 3 YEARS** AND/OR **CMV EXPERIENCE FOR THE PAST 10 YEARS** BE SHOWN

LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES _____ NO _____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____		
REASON FOR LEAVING:		

SECOND LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES _____ NO _____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____		
REASON FOR LEAVING:		

THIRD LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES _____ NO _____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____		
REASON FOR LEAVING:		

FOURTH LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES _____ NO _____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____		
REASON FOR LEAVING:		

FIFTH LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES _____ NO _____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____		
REASON FOR LEAVING:		

SIXTH LAST EMPLOYER

NAME:		
ADDRESS:		PHONE:
POSITION HELD:	FROM:	TO:
WAS THIS POSITION SUBJECT TO FMCSA REGULATIONS? YES _____ NO _____		
WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR, PART 40? YES _____ NO _____		
REASON FOR LEAVING:		

NOTICE TO APPLICANT: AFTER OCTOBER 29, 2004 YOU MUST BE NOTIFIED OF YOUR DUE PROCESS RIGHTS AS SPECIFIED IN FMCD 391.23(I) (SEE BELOW)

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(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.

THIS IS TO BE READ AND APPLICANT MUST SIGN 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 SO NEEDED

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Zito Trucking will be based on merit, qualifications, and abilities. Zito Trucking does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

Zito Trucking will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.