



A & I Distributors

DRIVER – DRIVER/SALES

APPLICATION FOR EMPLOYMENT

Corporate Headquarters:
 PO Box 1999, Billings, MT 59103-1999
 406-245-6443

It is the policy of our company to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, disability or marital status.

Answer all questions – please print. Date of Application: _____

Name: _____ Social Security No: _____
Last First Middle

List your addresses of residency for the past 3 years:

Address Information	Street	City	State	Zip Code	How Long?
CURRENT:					
PREVIOUS:					
PREVIOUS:					
PREVIOUS:					

Primary Phone No: _____ Mobile/Cell Phone Number: _____

Email: _____

Position applied for: _____ Full-Time Part-Time

Wage or salary desired? _____ When can you start? _____

Are you legally authorized to work in the USA? Yes No

How did you hear of this opening? _____

Date of Birth: ____/____/____ Can you provide proof of age? Yes No

Have you ever been convicted of a felony? Yes No If yes, describe conditions:

EDUCATION

Circle highest year

School / City / State	completed	Field of Study	Degree
High School	1 2 3 4		XXXXXXX
College/Univ.	1 2 3 4		
College/Univ.	1 2 3 4		

EMPLOYMENT HISTORY

- All driver applicants to drive interstate commerce must provide the following information for all employers during the previous 3 years. List complete mailing address, street number, city, state and zip code.
- Applicants to drive commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers where the applicant operated such vehicle.

CHECKING HERE CERTIFIES THAT THE APPLICANT HAD NO PREVIOUS EXPERIENCE WORKING FOR A DOT REGULATED EMPLOYER DURING THE PREVIOUS 3 YEARS.

List employers in reverse order, starting with the most recent. Add another sheet if necessary.

EMPLOYER				DATE			
				FROM:		TO:	
				MO	YR	MO	YR
Employer/Company Name							
Mailing Address	City	State	Zip Code	Position Held			
Street Address	City	State	Zip Code	Salary/Wage			
Supervisor	Phone			Reason for Leaving			
Were you subject to the FMCFRs while employed (after 10/29/2009)?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
EMPLOYER				DATE			
				FROM:		TO:	
				MO	YR	MO	YR
Employer/Company Name							
Mailing Address	City	State	Zip Code	Position Held			
Street Address	City	State	Zip Code	Salary/Wage			
Supervisor	Phone			Reason for Leaving			
Were you subject to the FMCFRs while employed (after 10/29/2009)?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
EMPLOYER				DATE			
				FROM:		TO:	
				MO	YR	MO	YR
Employer/Company Name							
Mailing Address	City	State	Zip Code	Position Held			
Street Address	City	State	Zip Code	Salary/Wage			
Supervisor	Phone			Reason for Leaving			
Were you subject to the FMCFRs while employed (after 10/29/2009)?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

EMPLOYER				DATE			
				FROM:		TO:	
				MO	YR	MO	YR
Employer/Company Name							
Mailing Address	City	State	Zip Code	Position Held			
Street Address	City	State	Zip Code	Salary/Wage			
Supervisor		Phone		Reason for Leaving			
Were you subject to the FMCFRs while employed (after 10/29/2009)?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	

EMPLOYER				DATE			
				FROM:		TO:	
				MO	YR	MO	YR
Employer/Company Name							
Mailing Address	City	State	Zip Code	Position Held			
Street Address	City	State	Zip Code	Salary/Wage			
Supervisor		Phone		Reason for Leaving			
Were you subject to the FMCFRs while employed (after 10/29/2009)?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	

DECLARATION OF EMPLOYMENT STATUS (Gaps in Employment History)

If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than one (1) month are explained as follows:

Gap From (Mo/Yr)	To (Mo/Yr)	Activity During Gap in Employment	I was not employed by any company or individual	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

DRIVER EXPERIENCE AND QUALIFICATION

DRIVER LICENSES	TYPE	EXP. DATE	STATE	LICENSE NO.	ENDORSEMENTS

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has a license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?
 Yes No

If you answered "Yes" to any of the above 3 questions, attach a statement of explanation.

ACCIDENT RECORD FOR PAST 3 YEARS (Attach sheet if additional space is needed.)

DATE	NATURE OF ACCIDENT	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

DATE	LOCATION	CHARGE	PENALTY

DRIVING EXPERIENCE (If none, write NONE.)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES (From/To)		NUMBER OF MILES
Straight Truck		FROM: MO YR	TO: MO YR	
Tractor & Trailer		FROM: MO YR	TO: MO YR	
Tractor & 2 Trailers		FROM: MO YR	TO: MO YR	
Motor-coach/Bus		FROM: MO YR	TO: MO YR	
Other		FROM: MO YR	TO: MO YR	

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs or alcohol? Yes No

Have you ever tested positive for drugs or alcohol? Yes No

Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain? Yes No

If you answered "Yes" to any of the above 3 questions, attach a statement of explanation.

NAME _____ DATE _____

Instructions: Some of the words below are correctly spelled and some are not: Where the spelling is WRONG write the correct spelling in the space following the word. Do nothing when a word is spelled correctly.

government _____ convenient _____
accident _____ forty _____
accept _____ beleive _____
bussiness _____ definitely _____
invoise _____ permanant _____

I. Instructions: Some of the following sentences contain grammatical errors. Each incorrect sentence contains only one error. When a sentence is incorrect, cross out the wrong word and write the correct word at the end of the line. When a sentence is correct, be sure to write "correct" at the end of the line.

SAMPLES:

Do not read aloud _____ correct _____
Where was you today? _____ were _____
1. He won't leave me come in. _____
2. My brother is taller than me. _____
3. She don't want to go home. _____
4. Will you bring this to the office across the street? _____

II. Instructions: On the line at the right write the number of the word which most correctly defines the word.

Neglect	(1) disregard	(2) respond	(3) record	(4) indication	_____ 1 _____
Loathe	(1) bristle	(2) detest	(3) abstain	(4) relish	_____
Accurate	(1) valuable	(2) exact	(3) careless	(4) perspective	_____
Procedure	(1) method	(2) precedence	(3) production	(4) acquittal	_____
Accumulate	(1) amass	(2) enforce	(3) disburse	(4) consign	_____

COMPLETE THESE QUESTIONS. WRITE AT LEAST TWO SENTENCES FOR EACH QUESTION.

1. Why are you looking for work (another job)? _____

2. What are your career goals? _____

3. What are your strengths in the job? _____

4. What are your weaknesses in the job? _____

5. What do you know about A & I Distributors? _____

6. What, in your opinion, makes a good employer? _____

7. What should an employer look for in a good employee? _____

8. How would you describe your work habits? _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that the 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.

First Name (please print)	Middle Initial	Last Name
<hr/>		
Signature		Date

Note: a motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including **Motor Vehicle Reports** and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes.

Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that A & I may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you.

A & I will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize A & I to obtain one or more consumer reports on me for employment-related purposes as indicated above.

First Name (please print)	Middle Initial	Last Name
<hr/>		
Signature		Date