



WICKENS CONSTRUCTION INC.

P.O. Box 746, 904 H Street, Lewistown, MT 59457

(406) 535-8415 • wickens@midrivers.com

Commercial Vehicle Employment Application

Wickens Construction Inc. is an Equal Opportunity Employer

PERSONAL INFORMATION

Applicant Name _____ Date of Birth _____ SS No. _____
 Address _____ City _____ State _____ Zip Code _____
 Phone () - _____ Cell Phone () - _____ E-Mail Address: _____

GENERAL INFORMATION

Do you need an accommodation to participate in the application or interview process? _____
 Name of position(s) you are applying for. _____
 Are you currently a member of a Union? _____ If yes, list the Union name. _____
 Montana law requires you to be 18 years of age for this position. Do you meet this requirement? _____
 Have you previously been employed with or applied for a position with Wickens Construction Inc.? _____
 If yes please list position and date of employment/ application. _____
 Reason for leaving. _____
 Are you legally eligible for employment in the United States? _____
 Are you a Veteran of Military Service? _____
 Have you ever been convicted of a felony? _____
 If yes please attach explanation. (Conviction of a felony may not automatically disqualify you from employment.) _____

EDUCATION

School Description	School Name	Subject Studied/ Degree Received	Graduation/ Completion Date
High School			
College or University			
Other			

WORK EXPERIENCE (List most recent work experience first)

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all commercial vehicle applicants provide employment history for the previous three years and that commercial vehicle applicants with past commercial vehicle driving employment provide an additional seven years for a total of ten years of employment history. Provide an explanation for any gaps in employment history.

Company Name			Contact Person		
Company Address			City	State	Zip Code
Job Title			Phone Number	()	-
Job Description (duties, skills, equipment used)					
Dates Employed:	Start Date (mm/yy)		End Date (mm/yy)		Reason for leaving
Were you subject to the FMCSRs?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name		Contact Person					
Company Address		City	State	Zip Code			
Job Title			Phone Number	()	-		
Job Description (duties, skills, equipment used)							
Dates Employed:	Start Date (mm/yy)		End Date (mm/yy)		Reason for leaving		
Were you subject to the FMCSRs?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Contact Person					
Company Address		City	State	Zip Code			
Job Title			Phone Number	()	-		
Job Description (duties, skills, equipment used)							
Dates Employed:	Start Date (mm/yy)		End Date (mm/yy)		Reason for leaving		
Were you subject to the FMCSRs?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Contact Person					
Company Address		City	State	Zip Code			
Job Title			Phone Number	()	-		
Job Description (duties, skills, equipment used)							
Dates Employed:	Start Date (mm/yy)		End Date (mm/yy)		Reason for leaving		
Were you subject to the FMCSRs?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

(ATTACH ADDITIONAL PAGES IF NEEDED)

ACCIDENT HISTORY FOR PAST THREE YEARS (ATTACH ADDITIONAL PAGES IF NEEDED)				
Date of Accident	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill

DRIVING RECORD FOR PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS, ATTACH ADDITIONAL PAGES IF NEEDED)			
Date	Location	Charge	Penalty

LICENSES OR PERMITS HELD IN PAST THREE YEARS

State	License No.	Class	Endorsement(s)	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 If yes, provide an explanation.

Has any license, permit or privilege ever been suspended or revoked? Yes No
 If yes, provide an explanation.

DRIVING EXPERIENCE

Class of Equipment	Equipment Type (Circle Type)	Dates Operated		Approximated Total Mileage
		From (M/Y)	To (M/Y)	
Straight Truck	Van, Tank, Flat, Dump, Refer			
Tractor & Semi-Trailer	Van, Tank, Flat, Dump, Refer			
Tractor & Two Trailers	Van, Tank, Flat, Dump, Refer			
Tractor & Three Trailers	Van, Tank, Flat, Dump, Refer			
Motorcoach – School Bus	8+ passenger, 15+ passenger			
Other				

List states operated in for previous five years.

List additional course work or training.

List any safe driving awards and the awarding party.

REFERENCES

Name	Phone Number	()	-
Name	Phone Number	()	-
Name	Phone Number	()	-

APPLICATION STATEMENT

I certify that all information I have provided in this application and to secure employment with Wickens Construction Inc., is accurate to the best of my ability. If any information provided by myself in this application, or for the securement of employment with Wickens Construction Inc., is found to be false or misrepresented in any form, it is understood by myself that I may be immediately terminated or excluded from consideration for employment. I expressly authorize Wickens Construction Inc., and its agents without reservation to contact and obtain information from all references, previous and current employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information presented in this application, submitted in a resume or stated in an interview. I understand that information I provide regarding current and/or previous employers may be used and those employers 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 the information provided by previous employers and request a re-submission of information by the employer when an error in submitted information has been identified with an attached rebuttal statement from myself if the previous employer and I do not concur on the accuracy of the submitted information to the prospective employer. I hereby waive any and all rights and claims I may have regarding Wickens Construction Inc., or its agents for obtaining and utilizing such information in the employment process. I understand that Wickens Construction Inc., does not discriminate in its employment practices based on the State and Federal protected classes. I understand that completion of this application does not guarantee employment with Wickens Construction Inc. I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

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.

Signature: _____

Date: _____