

# BAILEY

## ENTERPRISES INC.

An Equal Opportunity Employer



### Commercial Driver Employment Application

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, or non-job related injury.

- **It is the policy of BAILEY ENTERPRISES, INC. to require prospective employees to pay for the pre- employment drug test. The fee of \$50.00 will be paid directly to BAILEY ENTERPRISES, INC. before the prospective employee is taken to the drug testing facility for the urine test.**
  - After thirty (30) days of continuous employment at BAILEY ENTERPRISES, INC. you will be reimbursed \$50.00 for the cost of the test.
- If you are applying for a CDL position you must fill out a [Commercial Driver Employment Application](#).
- If you have any questions regarding this policy, please contact Human Resources (307) 857-6750.

**Note: All Applicants Must Be 21 Years Of Age Or Older To Apply. Fmcsr §391.11 (1)**

**(Answer all questions completely – please print or use your computer to fill out and print)**

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number Of Years At This Address: \_\_\_\_\_

List Your Place Of Residence For The Past 3 Years. (Per Fmcsa 391.23)

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number Of Years At This Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number Of Years At This Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number Of Years At This Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number Of Years At This Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number Of Years At This Address: \_\_\_\_\_

(Attach Sheet If More Space Is Needed)

Position(s) applied for: \_\_\_\_\_

Do you have experience in this or a related area? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give years of experience and your specific qualification: \_\_\_\_\_

Are you at least 21 years old? Yes \_\_\_\_\_ No \_\_\_\_\_ Can you provide proof of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of birth: \_\_\_\_\_ Do you have a Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what Class/Endorsements? \_\_\_\_\_

Do you have a Hazmat Endorsement? Yes \_\_\_\_\_ No \_\_\_\_\_

## Employment History

**Note: DOT requires that employment for at least 3 years and any commercial driving experience for the past 10 years be shown.** List **complete** mailing address, street number, city, state, and zip code. Please list employers in reverse order starting with the most recent. Add another sheet if needed. **Note: You Must List All Employers! Fmcsa 391.23 (2)**

Current Or Last Employer:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 \_\_\_\_\_

**\*Account For Periods Between Jobs – Include Dates (Month/Year) And Reason.**

\_\_\_\_\_  
\_\_\_\_\_

Second Last Employer:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 \_\_\_\_\_

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Third Last Employer:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 \_\_\_\_\_

**\*Account For Periods Between Jobs – Include Dates (Month/Year) And Reason.**

\*Any gaps in employment and/or unemployment must be explained

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Fourth Last Employer:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 \_\_\_\_\_

**\*Account For Periods Between Jobs – Include Dates (Month/Year) And Reason.**

*\*Any gaps in employment and/or unemployment must be explained*

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Fifth Last Employer:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

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 \_\_\_\_\_

**\*Account For Periods Between Jobs – Include Dates (Month/Year) And Reason.**

*\*Any gaps in employment and/or unemployment must be explained*

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Sixth Last Employer:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

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 \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained

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Seventh Last Employer:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 \_\_\_\_\_

**\*Account For Periods Between Jobs – Include Dates (Month/Year) And Reason.**

\*Any gaps in employment and/or unemployment must be explained

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Eighth Last Employer:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 \_\_\_\_\_

**\*Account For Periods Between Jobs – Include Dates (Month/Year) And Reason.**

*\*Any gaps in employment and/or unemployment must be explained*

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**Ninth Last Employer:**

Name: \_\_\_\_\_ From: \_\_\_\_\_ To:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State:

Position: \_\_\_\_\_ Salary:

Supervisor: \_\_\_\_\_ Phone:

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

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 \_\_\_\_\_

**\*Account For Periods Between Jobs – Include Dates (Month/Year) And Reason.**

*\*Any gaps in employment and/or unemployment must be explained*

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**Tenth Last Employer:**

Name: \_\_\_\_\_ From: \_\_\_\_\_ To:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State:

Position: \_\_\_\_\_ Salary:

Supervisor: \_\_\_\_\_ Phone:

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

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 \_\_\_\_\_

**\*Account For Periods Between Jobs – Include Dates (Month/Year) And Reason.**

\*Any gaps in employment and/or unemployment must be explained

**Accident Record For Past 3 Years Or More. (Attach Sheet If More Space Is Needed). If You Have Not Had Any Accidents, Write None. (Required Per Fmcsa §391.23)**

Date	Nature Of Accident (Head On, Rear End, Upset, Etc.)	Injuries	Fatalities

**Traffic Violations & Forfeitures For The Past 3 Years (Other Than Parking Violations). If None, Write None.**

**(Required Per Fmcsa §391.23)**

Date	Location	Charge	Penalty

(Attach Sheet If More Space Is Needed)

**Education**

Last School Attended: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Certification/Degree: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**Experience And Qualifications – Drivers**

State	License Number	Type	Expiration

**Driving Experience**

(If None, Write None)

Class Of Equipment	Type Of Equip. (Van, Tank, Flat, Etc.)	From (Date)	To (Date)	Approximate Number Of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor Two Trailers				
Motorcoach School Bus				
OTHER				

List States Operated In For The Past Five Years: \_\_\_\_\_  
 \_\_\_\_\_

Show Special Courses Or Training That Will Help You As A Driver: \_\_\_\_\_  
 \_\_\_\_\_

Which Safe Driving Awards Do You Hold And From Whom? \_\_\_\_\_

**Experience & Qualifications – Other**

Show any trucking, transportation or other experience that may help in your work for this company: \_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown)

**(Required For Commercial Drivers)**

Have you ever been convicted of a felony?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain in full: \_\_\_\_\_

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

If yes, please explain in full: \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain in full: \_\_\_\_\_

Have you ever tested positive on a pre-employment drug or alcohol test? Yes\_\_\_\_\_No\_\_\_\_\_

If yes, please explain in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever refused to submit to a drug or alcohol test? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FMCSA § 391.15 (C)(2)(i)(A)or(B)**

**Personal References (Other Than Relatives)**

Name: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

How Acquainted: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

How Acquainted: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

How Acquainted: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**In case of emergency contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## **Certification**

I certify that answers given by me herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment, or oral interview as may be necessary in arriving at an employment decision.

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 of 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.

## **At Will Employment**

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "**AT WILL**" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "**AT WILL**" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may prevent my being hired, or if hired may subject me to immediate dismissal. I understand, also that I am required to abide by all rules and regulations of the employer.

## **Authorization To Obtain Consumer Reports**

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports, and places certain obligations on employers who use consumer reports for employment related purposes. Consistent with the requirements of the FCRA, this notice is provided to you in order to inform you that Central Wyoming Transportation 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.

## **Central Wyoming Transportation Adheres To The Drug-Free Workplace Act Of 1988.**

All Central Wyoming Transportation employees are subject to alcohol and/or drug testing which includes pre-employment, post accident, post injury, random, reasonable suspicion, return to duty, & follow-up testing.

It is the policy of Central Wyoming Transportation to require prospective employees to pay for the pre-employment drug test. The fee of \$50.00 will be paid directly to Central Wyoming Transportation before the prospective employee is taken to the drug testing facility for the urine test.

After thirty (30) days of continuous employment at Central Wyoming Transportation you will be reimbursed \$50.00 for the cost of the test.

Any adulteration of sample will be considered a refusal to test, which can result in disciplinary action up to and including termination.

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 CFR3 391.23 (d) and (e). I understand that I have the right to:

- 1.) Review information provided by current/previous employers;
- 2.) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 3.) 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.

Your signature below certifies that you have read and understood the above notice and, by signing below, specifically authorize Central Wyoming Transportation to obtain one or more consumer reports on you for employment-related purposes, as indicated above, and authorizes Central Wyoming Transportation to investigate information submitted in this employment application.

If you have any questions regarding this policy, please contact Corporate Management.

Date Available To Start Work: \_\_\_\_\_

Print

Name:

Applicant's

Signature:

Today's Date: \_\_\_\_\_

