

DRIVER'S APPLICATION FOR EMPLOYMENT

Utah Home Building Company
4682 South 150 West
Murray, Utah 84107

Applicant Name (Print): _____ Date of 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, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Utah Home Building Company.

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

- Review information provided by previous employers.
- 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
- 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.

Signature: _____ Date: _____

FOR COMPANY USE

Process Record

Applicant Hired: _____ Applicant Rejected: _____

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

(If rejected, Summary report of reasons should be placed in file)

Signature of Interviewing Officer: _____

Termination of Employment

Date Terminated _____ Department Released From: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____

This form is made available with the understanding that J.J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J.J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by the employer which may violate local state or federal law.

APPLICANT TO COMPLETE

(Answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
 Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
 Street City
 State Zip Code Phone How Long? _____ yr./mo.

Previous Addresses _____
 Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <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 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
Driver licenses or permits held in the past 3 years				

- 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 _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers	—			
OTHER:				

LIST STATES OPERATED IN FOR LAST 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 AND 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)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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: _____

Utah Home Building Company

Driver Evaluation/Application Form

Your duties as an employee of Utah Home Building Company may require you to drive company vehicles or your own vehicle for business purposes. In order to qualify for driving authority, the following form must be completed. As part of the qualifying process, Utah Home Building Company will obtain a copy of your Motor Vehicle Report (MVR) which details your driving history over at least the past three years. This report will be used as part of the evaluation and qualification process and conjunction with the company's insurance carrier and professionals. I hereby grant permission to Utah Home Building Company and or their agent or insurance companies to share my MVR with the insurance professionals in order assess and underwrite my status as a driver.

I understand that my employment as a driver for Utah Home Building Company is contingent upon my having and maintaining an MVR and driver's criteria which meets these standards. I understand and acknowledge that this information is used to determine my employability as a driver and/or employee if no other suitable work is available. Understanding all of this I provide my fully informed consent and authorization.

Location: _____ Driver Candidate's name: _____

License Number: _____ State: _____ Exp. Date: _____

If licensed less than three (3) years in current state, list prior state(s) that licenses were held in: _____

1. Employment History

Jobs started within the last 3 years:

Excluding temporary jobs

- None
- 1
- 2
- Over 2

2. Driving Experience:

- Less than 1 year
- 1 – 2 Years
- 3 – 6 Years
- Over 6 Years

3. Average Annual Miles Driven:

- Less than 6,000 Miles
- 6,000 to 12,000 Miles
- Over 12,000 Miles
- Over 6 Years

4. Types of Vehicles Driven Regularly:

- Car/Auto
- Motorcycle
- Mini-Van
- Full Size Van
- Truck
- Other List: _____

5. Use of Special Equipment

- Wheel Chair Lifts and Locks
- School Bus Equipped Vehicles

6. Number of Vehicle Accidents in which you were the driver, in the last 3 years. Regardless of fault.

- None
- 1
- 2
- More than 2

7. Major moving violations within the last 5 years:

- Hit & Run; Leaving the scene of an accident.
- DUI; Driving under the influence of drugs or alcohol.
- Felony, Homicide, or Manslaughter involving the use of a motor vehicle.
- Racing or Excessive Speed; 20+ miles over the speed limit.
- Reckless, Negligent, or Careless Driving
- License Suspension or Revocation

8. Other Moving Violations:

- None
- 1
- 2
- More than 2

I certify that all information on this form is true and that nothing asked for has been omitted. I understand that the information is being requested to determine fitness and ability to drive for Utah Home Building Company purposes only. I understand that any misstatement, omission, or false statement will be sufficient cause for refusal to employ and/or if already employed, grounds for dismissal.

Candidate Signature: _____ Date: _____