

# COMMERCIAL DRIVER INFORMATION EMPLOYMENT APPLICATION

## MOUNTAIN PEAK BUILDERS, LLC

Each applicant completing this form is advised that the information he/she provides will be used by Mountain Peak Builders, LLC for the purpose of investigating the applicant's background as authorized in accordance with Federal Regulations 49 CFR Part 391.21

Today's Date: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Mobile Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Home Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Type: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Please list the addresses at which you have resided during the past five years:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment which you have operated:

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List all motor vehicle accidents in which you were involved in during the past three years:

Date of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Personal Injuries or Fatalities: \_\_\_\_\_ Citation Issued: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Personal Injuries or Fatalities: \_\_\_\_\_ Citation Issued: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Personal Injuries or Fatalities: \_\_\_\_\_ Citation Issued: \_\_\_\_\_

List all violations of motor vehicle laws or ordinances (other than parking) for which you have been convicted of in the past three years:

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Have you ever refused to test or tested positive on any pre-employment drug or alcohol test administered by an employer to which you applied for work, but were not hired?    Yes    No

I certify that the statements made by me are complete and true to the best of my knowledge. I understand that any false answers, omissions, or misrepresentations or incomplete answers may result in the rejection of my application and/or employment. I authorize the release of my information to Mountain Peak Builders, LLC and their necessary personnel to complete any background and how that may relate to me performing the job for which I am applying. I understand that if I am offered employment, I will be required to comply with all terms, conditions and pre-employment testing that Mountain Peak Builders, LLC policy require. ***I also understand that if I am offered employment, such employment is Employment at Will, can be terminated at any time (by either myself or the company).***

I further certify that by submitting this application, I have read and understood this employment application and that this application was completed by me, and that all entries on it and information herein are true and complete to the best of my knowledge.

This application will be active for 90 days after our receipt.