



## 406H2O LLC APPLICATION PACKAGE

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### APPLICANT:

Thank You for your interest in a fire water tender position with 406H2O LLC. We look forward to meeting you. We operate under DOT Regulations 49 CFR Part 392. As such we have several requirements we must follow.

1. (49 CFR 391.21) A person will not be allowed to drive a commercial motor vehicle unless he/she has completed signed an application for employment.
2. Inquiry to Previous Employers -3- year (49 CFR 391.23 (a) (2) & (c) and 391.53) This investigation must be made within 30 days of the date that his/her employment begins. Investigations shall include information concerning out-of-service violations, miss of controlled substance or alcohol and accident history.
3. Inquiry to State Agencies-3 years (49 CFR 391.23 (a) (1) & (b). The driver's driving record (MVR) for the preceding three years.
4. Driver's Road Examination and Certificate (49 CFR 391.31) A copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.33.
5. Medical Examiner's Certificate (49 CFR 391.43) Driver must be issued a Medical Examiner's Certificate. Drivers of none-CDL CMV drivers must possess card at all times while operating CMV, be renewed every two years. (Or before it expires)
6. Carrier verified Medical Examiner is Registered with National Registry.
7. Annual review of Driving Record (49 CFR 391.25). At least once every 12 months a motor carrier must review the driving record of each driver.
8. Alcohol and Controlled Substance Test Results (49 CFR 382.401). (These records must be maintained in a confidential and secure location with controlled access.)
9. Inquiries for Alcohol and Controlled Substances information from previous employers for 3 years (49 CFR 382.413). This investigation must be made within 30 days of the date that his/her employment begins. (Investigations shall include requirements of CFR Part 40.25)
10. Full query in the Drug & Alcohol Clearing House.

The application can be printed out or filled out on the computer.

Using the tab button the form will jump to the next required section as you move through the application and will fill out repeated items automatically.

Thank You for your interest and we look forward to meeting you in person. If you have any questions please feel free to call 406-919-2837.

DATE: \_\_\_\_\_

\_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

**406H2O LLC**

45 TWISTED PINES DRIVE  
ROUNDUP MT 59072  
(406) 919-2837

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN, IF ANY) (LAST)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

## PREVIOUS THREE YEARS RESIDENCY

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

### LICENSE INFORMATION

	STATE	LICENSE NUMBER	TYPE	EXPIRATION
DRIVERS LICENSES				

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM DATE	TO DATE	APROX TOTAL MILES
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR LAST 3 YEARS

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES

### TRAFFIC CONVICTIONS AND FORFEITURES FOR LAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	STATE OF VIOLATION LOCATION	CHARGE/VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND OR POINTS)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

- 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

**EMPLOYMENT RECORD  
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**NOTE:** Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total of 10 years employment record).

**Last Employer: NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION HELD:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employers? Yes No

Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  
Yes No

**Second Last Employer: NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION HELD:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employers?      Yes      No

Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  
Yes      No

**Third Last Employer: NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION HELD:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employers?      Yes      No

Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  
Yes      No

**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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicants Signature

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

You are hereby authorized to give 406H2O LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to 406H2O LLC.

\_\_\_\_\_

Print NameSocial Security Number

\_\_\_\_\_

SignatureDate

From: 406H2O LLC

To: \_\_\_\_\_ : \_\_\_\_\_ has submitted an application to 406H2O LLC for a position as fire tender driver and states that he/she was employed by you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Will you please reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying, we have enclosed a stamped self-addressed envelope. Thank you.

1. Is the employment record with our company correct as stated above? Yes                      No
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you?
 

Passenger Car	Straight Truck	Bus
Tractor-semitrailer	Other	
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving your employ: Discharged Laid Off Resigned
7. Was the applicants general conduct satisfactory? \_\_\_\_\_
8. Was the driver ever placed out-of-service for hours of service violations? \_\_\_\_\_
9. Did the applicant misuse alcohol or use controlled substance? \_\_\_\_\_
10. What accidents was the driver involved in? \_\_\_\_\_

	Excellent	Good	Fair	Very Poor
Quality of Work				
Cooperation with others				
Safety habits				
Personal habits				
Driving Skill				
Attitude				

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Company: \_\_\_\_\_