



5023 138th Ave. NW
Williston, ND 58801
(701) 774-3085
[WWW.basintrucking.com](http://www.basintrucking.com)

Dear Basin Concrete Applicant,

As part of our hiring process we have provided you with this application packet for you to complete. In order to make your hiring process flow as easily as possible, the guidelines to this packet are outlined below. Please follow directions as stated so your process is not delayed.

If you are applying as a commercial vehicle driver, or as part of your job duties include driving a commercial vehicle that is owned & operated by Basin Concrete, Inc. then this is the correct application.

Please complete the following forms as instructed:

1. Application: Please fill out each line of this application that applies to you. If there is a section that does not apply to you, or you do not have any information for that section please mark it with N/A. You must have complete information on previous employer section.
2. As part of your driver qualification process you will need to provide us with a current copy of your state issued commercial driver's license.
3. We will need a current copy of your D.O.T. Medical Card.
4. Statement of Prior on Duty Time: Please complete this form showing the hours that you have worked for any employer within the last 7 days. If there are no hours to show for the last 7 days, please enter in "0" for each day with the indicated date.
5. Driver's Certification for other Compensated Work: you are required to inform us if you have secondary employment other than Basin Concrete, Inc.

Once this portion of the hiring process is completed, and your documents have been reviewed, we will move into the second phase of our hiring process.

Thank you for your interest in Basin Concrete, Inc.

Sincerely,

Basin Concrete & Trucking



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CDL Driver 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, nation origin, age, marital status, or non-job related disability.

**FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED – PRINT OR TYPE.
PLEASE PUT N/A IF SECTION DOES NOT APPLY TO YOU.**

Personal Information

Date of Application: _____

Position Applied for: _____

Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Social Security Number: _____ - _____

Can you provide proof of age? _____ Do you the legal right to work in the U.S.? _____

Current E-mail address: _____

Have you ever been convicted of a Felony? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Person to contact in case of Emergency

Name: _____ Phone #: _____

Relationship to You: _____

Have you worked for this company before? _____ Dates: From _____ to _____

Rate of Pay: _____ Position: _____

Reason for leaving: _____

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

Who referred you? _____ Rate of pay expected? _____

If your above address is less than 3 years, continue listing them below to cover 3 year period:

1. Street: _____ Dates: _____
City: _____ State: _____ Zip: _____

2. Street: _____ Dates: _____
City: _____ State: _____ Zip: _____

3. Street: _____ Dates: _____
City: _____ State: _____ Zip: _____



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Driver's License Information (This information will be verified)

Driver's License information: (All licenses held, last 3 years)

State: _____ Number: _____ Exp. Date: _____

State: _____ Number: _____ Exp. Date: _____

State: _____ Number: _____ Exp. Date: _____

Have you ever had your driver's license denied, suspended, revoked, or cancelled by any issuing state agency? _____ If yes;

state of issuance; explanation: _____

Driving Experience

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
Tractor		
Trailer/Tank		
Straight Truck		
Bus		
Other (Specify)		

Accident record last 3 years (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

Traffic convictions & forfeitures (OTHER THAN PARKING) Last 3 years (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

EMPLOYEMENT HISTORY

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 in a commercial motor vehicle for the previous 10 years prior to this application date.

****Must list the complete name, mailing address, city, state, and zip****

1.) Employer: _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City: _____ State: _____ Zip: _____
 Position Held: _____ Telephone #: _____
 Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) & reason.

Were you subject to the Federal Motor Carrier Safety Regulations during this period? (YES / NO)

Were you subject to 49 CFR Part 40 Controlled Substance and Alcohol testing during this period? (YES / NO)



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2.) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ Zip: _____
Position Held: _____ Telephone #: _____
Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) & reason.

Were you subject to the Federal Motor Carrier Safety Regulations during this period? (YES / NO)
Were you subject to 49 CFR Part 40 Controlled Substance and Alcohol testing during this period? (YES / NO)

3.) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ Zip: _____
Position Held: _____ Telephone #: _____
Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) & reason.

Were you subject to the Federal Motor Carrier Safety Regulations during this period? (YES / NO)
Were you subject to 49 CFR Part 40 Controlled Substance and Alcohol testing during this period? (YES / NO)

4.) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ Zip: _____
Position Held: _____ Telephone #: _____
Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) & reason.

Were you subject to the Federal Motor Carrier Safety Regulations during this period? (YES / NO)
Were you subject to 49 CFR Part 40 Controlled Substance and Alcohol testing during this period? (YES / NO)

5.) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ Zip: _____
Position Held: _____ Telephone #: _____
Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) & reason.

Were you subject to the Federal Motor Carrier Safety Regulations during this period? (YES / NO)
Were you subject to 49 CFR Part 40 Controlled Substance and Alcohol testing during this period? (YES / NO)

Use backside of sheet for additional employers



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NOTICE TO DRIVERS

For driver applicants of commercial motor vehicles that required a Commercial Driver’s License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR Part 40.25(j).

APPLICANT MUST READ AND SIGN

I authorize you to make sure investigations and inquiries to 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.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT: in accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that the reports verifying your previous employment, previous drug and alcohol test result, and your driving record may be obtained on you for the employment purposes. These reports are required by Sections 382, 413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

As a prospective driver employee, you have the right to review information provided by previous employer(s). You have the right to have errors in the information corrected by the previous employer(s), and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE CORRECT AND UNDERSTAND THAT WITHHOLDING INFORMATION OR MAKING A FALSE STATEMENT IN THIS APPLICATION AND INFORMATIONS SUBMITTED THEREWITH OR AT ANY TIME DURING THE APPLICATION AND PRE-EMPLOYMENT PROCESS WILL BE THE BASIS FOR MY APPLICATION NOT TO BE CONSIDERED AND/OR DISMISSED. I AUTHORIZE ALL EMPLOYERS, EDUCATORS, AND OTHER FIRMS OR PERSON NAMED HEREIN TO PROVIDE THE COMPANY WITH INFORMATION REGARDING MY EDUCATION, EMPLOYMENT, AND MEDICAL HISTORY, AND RELEASE ALL SUCH INDIVIDUALS OR ENTITIES FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING INFORMATION REGARDING ME. _____ (INITIALS)

I UNDERSTAND THAT THIS APPLICATION DOES NOT OBLIGATE THE COMPANY TO OFFER ME EMPLOYMENT OR TO HIRE ME. I FURTHER UNDERSTAND THAT IF I AM EMPLOYED BY THE COMPANY, MY EMPLOYMENT WILL BE ON AN “AT WILL” BASIS AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE. IF I AM EMPLOYED I UNDERSTAND THAT I WILL ABIDE BY ALL DOT, FEDERAL, STATE, AND COMPANY PROCEDURES AND REGULATIONS WHILE WORKING FOR THE COMPANY. _____ (INITIALS)

Driver employees who have previous Dept. of Transportation regulated employment history in the preceding 3 years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying as late as 30 days after being employed or being notified of denial of employment. The prospective employer has not yet received the requested information from the previous employer(s), then the 5 business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review records.

Certification

“I certify 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.”

Applicants Signature: _____

Date: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulation.

Applicants Signature: _____

Date: _____



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EMPLOYER SECTION – Office use only

Application received by: _____ **Application Reviewed By:** _____

Title: _____

Title: _____

Date: _____

Date: _____

Significant Dates:

Date of Hire: _____

Time and Date of Pre-employment CST: _____

Time & Date of Pre-employment CST result: _____

Date first used in Safety Sensitive Position: _____

Date of Termination: _____



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STATEMENT OF PRIOR ON-DUTY TIME

Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

Day	1	2	3	4	5	6	7	Total Hours
Date & Day of the Week								
Total Hours Worked								

I certify that the total hours on-duty for the 7 previous days listed above are true, and correct.

I was relieved from duty at _____ a.m. / p.m. on ____ / ____ / ____.

Date of Certification: _____

Drivers Signature: _____



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ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

In accordance with 49 CFT 391.27, I _____ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

	Date:	Offense:	Location (City/State)	Type of Vehicle Operated:
1.				
2.				
3.				
4.				
5.				

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral an account of any violation required to be listed during the past 12 months.

Date of Certification: _____

Drivers Signature: _____

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of _____ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public. A copy of the response from each state agency to the inquiry required by 49 CFR 391.25 (b) is attached. This form shall be maintained in the driver's qualification file as required by 49 CFR 391.51.

Reviewed By: (Signature) _____

Date of Review: _____



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DRIVER'S CERTIFICATION OF OTHER COMPENSATED WORK

To Be Reviewed and Completed by Driver

When employed by a motor carrier, a driver must report to the carrier all on duty time, including time working for other employers. The definition of On-Duty Time found in Section 395.2 paragraph (8) & (9) of the Federal Motor Carrier Safety regulations included time performing any other work in the capacity of, or in the employ of service of, a common, contract or private motor carrier, and also performing any work, of any type, which is compensated.

Are you currently working for any other employer? (Yes / No)

At this time, do you intend to work for any other employer while still employed by Basin Concrete, Inc. (Yes / No)

I hereby certify that the information given above is true. If I begin working for any additional company for compensation, I must inform Basin Concrete, Inc. immediately of such employment activity, log the hours, and maintain compliance with the hours of service rules.

Driver's Name (Print): _____

Social Security Number: _____ - _____ - _____

Driver's Signature: _____

Manager's Signature (as Witness): _____

Date: _____



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Employee Signoff

This is to certify that I have received a handbook of the Company HSE Manual.

I have read these instructions, understand them, and will comply with them while working for the Company.

I understand that failure to abide by these rules may result in disciplinary action, and possible termination of my employment with Basin Concrete, Inc.

I also understand that I am to report any injury to my supervisor immediately, and report all safety hazards.

I further understand that I have read the “Safety Rights.”

- I am not required to work in any area I feel is not safe.
- I am entitled to information on any hazardous material or chemical I am exposed to while working.
- I will not be discriminated against for reporting safety concerns.

Driver’s Signature: _____

Date: _____

Driver’s Name (Printed): _____

Supervisor Signature: _____

Date: _____

Supervisor Name (Printed): _____



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If during your employment history you operated commercial vehicles for another employer, we are required to send them this form. Please sign, and date this form under "Applicants signature & date." We will complete the rest. The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR 391.23 and 4025, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Colorado Division Office of the Federal Motor Carrier Safety Administration at (720) 963-3130 during business hours.

To: _____ Date: _____
 Former Employer's Name

 Mailing Address

 City, State, Zip

 Telephone # _____ Fax # _____

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature: _____ Date: _____
 Witness's Signature: _____ Date: _____
 Request from: _____ Basin Concrete, Inc. _____
 Printed Name of Applicant: _____ SSN: _____

Inquiry Into Employment History, Preceding 3 Years

- Did applicant work for you as a CDL driver from - - - to - - - . (Yes / No)
 If No, please Explain: _____
- Company Driver? (Yes / No) Owner/Operator? (Yes / No) Other? _____
- Type of truck(s) and/or truck/tractor(s) operated: _____
- Commodities Transported: _____
- Accidents? (Yes / No) If yes, please give date(s) and brief description of each Accident. _____
- Why did this employee leave your company? _____
- Would you re-employ this person? (Yes / No) If no, please explain: _____
- Additional comments: _____

Inquiry for Alcohol and Controlled Substances Information, Preceding 2 years

- Alcohol tests with a result of 0.04 or greater? (Yes / No) If yes, please give date(s): _____
- Verified positive controlled substance test results? (Yes / No) If yes, please give date(s): _____
- Refusals to be tested? (Yes / No) If yes, please give date(s): _____
- Was rehabilitation completed as required? (Yes / No) If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____
 Company: _____ Date: _____