



Hire Date: _____ Salary _____

Excel Driver Services 9695 Brighton Rd., Henderson, CO 80640

APPLICATION FOR EMPLOYMENT

Company: Excel Driver Services Location: _____

City, State And Zip Code: _____

Name: _____
(First) (Middle) (Last)

Address: _____ How Long? _____
(Street) (City) (State & Zip Code)

Date of Birth: _____ Are you over 18 years of age? **Y N** Social Security #: _____

Telephone Number: _____ Email: _____

- If not 18, can you submit a work permit after employment? YES NO
- Can you travel if your job requires it? YES NO
- Can you submit verification of your legal right to work in the United States after employment? YES NO

*****PREVIOUS THREE YEARS RESIDENCY*****

(Street) (City) (State & Zip Code) # Years _____

(Street) (City) (State & Zip Code) # Years _____

(Street) (City) (State & Zip Code) # Years _____

LICENSE INFORMATION (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number Of Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

We do not discriminate on the basis of race, color, national origin, sex, age, veteran status, sexual orientation, or disability. We intend all qualified applicants be given an equal opportunity and that selection decisions be based on job-related factors.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACHED ADDITIONAL SHEET IF NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH ADDITIONAL SHEET IF NEEDED)**

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral, points)

Have you ever been convicted of or are you currently charged with a felony, misdemeanor or traffic offense Within the last 7 years? YES NO

If yes, please give the date(s) and details: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

If yes, please give the date(s) and details: _____

Have you ever been an instructor or teacher in any capacity? YES NO

If yes, please explain: _____

Has any license, permit or driving privilege ever been suspended or revoked? YES NO

If yes, please give the date(s) and details: _____

EMPLOYMENT RECORD (ATTACH ADDITIONAL SHEET IF NEEDED)

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

Must List the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS: _____

PHONE NUMBER: _____ POSITION HELD: _____

DATES OF EMPLOYMENT: FROM _____ TO: _____

SALARY: _____ 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 (FMCSR's) while employed by the previous employer? **YES NO**

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

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SECOND LAST EMPLOYER: NAME _____

ADDRESS: _____

PHONE NUMBER: _____ POSITION HELD: _____

DATES OF EMPLOYMENT: FROM _____ TO: _____

SALARY: _____ 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 (FMCSR's) while employed by the previous employer? **YES NO**

Was the previous job position designated as a safety sensitive function in any 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: _____

PHONE NUMBER: _____ POSITION HELD: _____

DATES OF EMPLOYMENT: FROM _____ TO: _____

SALARY: _____ 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 (FMCSR's) while employed by the previous employer? **YES NO**

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

FOURTH LAST EMPLOYER: NAME _____

ADDRESS: _____

PHONE NUMBER: _____ POSITION HELD: _____

DATES OF EMPLOYMENT: FROM _____ TO: _____

SALARY: _____ 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 (FMCSR's) while employed by the previous employer? **YES NO**

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

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PROFESSIONAL REFERENCES

Give four (4) names of others who have observed and know your work.

	Name	Address	Phone	Position
1				
2				
3				
4				

TO BE READ AND SIGNED BY APPLICANT

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application or attached resume to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand and acknowledge that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

Position you are applying for: _____ Possible start date: _____ Salary desired: _____

Are you employed now? YES NO

If yes, may we contact your current employer for verification? YES NO

Have you ever worked for another School? YES NO

If so, when? _____ Who was your supervisor? _____ Why did you leave? _____

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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Applicant Consent Form

I understand and agree that the D.O.T. physical examination shall include substance screening.

I understand and agree that Excel Driver Services, LLC hereafter to be referred to as "the Company", reserves the right to use substance testing 1) at random, 2) for reasonable cause, 3) after any accident and 4) during re-certification of physical exams according to the D.O.T. regulations or Company policy.

I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PAST OR PRESENT EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF INVESTIGATION AS REQUIRED BY 391.23 OF THE MOTOR CARRIER SAFETY REGULATIONS.

I also understand and agree that the company or its agents may investigate my background to ascertain any and all information of concern to my record, whether that information is of record or not, and I release all former employers and persons named in the Employment Record section of this documentation from all liability for any and all damages because they furnish such information.

I further understand that as a result of making this application for employment, the Company or its agents may examine my criminal record, at any time; I hereby authorize the Company or it's designated agents to make any lawful examination of my criminal background record.

I understand that at any time in the future, whether my contract with the Company is in effect or has been terminated, upon request of any party or any surety, the Company may furnish reports and information relative to my record and services with, and for, the Company. I agree that this information may be furnished without any liability or damages on behalf of the Company.

As a part of the pre-employment process, a medical examination, including drug testing, will be required after a conditional offer of employment. I further agree to provide access to previous medical records if required.

Withholding, omitting or falsifying any circumstances of information about my past or present health, employment, education or any relevant item may result in contract termination.

I understand that, during the term of my at-will contract, which term I understand is indefinite, I will comply with the guidelines set forth in the Company's policies, rules, regulations and procedures, which shall be amended from time to time. I also agree that my at-will employment and compensation can be terminated with or without cause and without notice or liability whatsoever, at any time, at the option of either the Company or myself.

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials submitted to the Company or during my interviews (pre and post-offers of employment) may result in denial of employment or discharge.

I agree to furnish any additional information and complete any examinations that may be required to complete my employment file.

If I am hired, I understand that this application does not constitute a contract between Excel Driver Services, LLC and myself.

I understand and agree that this application for employment in no way obligates the company to employ me.

I have read and I understand all of this agreement.

Applicant Name (print) _____

Date: _____

Applicant Signature _____

9695 Brighton Rd., Henderson, CO 80640
Phone #303-942-8002 Fax #303-942-8005

**EMPLOYEE NON-DISCLOSURE AND
CONFIDENTIALITY AGREEMENT**



FOR GOOD AND VALUABLE CONSIDERATION, receipt of which is hereby acknowledged by Excel Driver Services, LLC (Company), the undersigned employee hereby agrees and acknowledges:

That during the course of my employment there may be disclosed to me certain Company trade secrets consisting of but not limited to: technical information including methods, processes, formulas, compositions, systems, techniques, inventions, machines, computer programs, research projects, patents, and business information including customer lists, pricing data, sources of supply, financial data, marketing, production, or merchandising systems or plans.

I agree that I shall not during, or at any time after the termination of my employment with the Company, disclose or divulge to others including future employers, any trade secrets, confidential information, or any other proprietary data of the Company in violation of this agreement.

That upon the termination of my employment from the Company: I shall return to the Company all documents and property of the Company, including but not necessarily limited to: drawings, blueprints, reports, manuals, correspondence, customer lists, computer programs, and all other proprietary materials and all copies thereof relating in any way to the Company's business, or in any way obtained by me during the course of employment.

I further agree that I shall not retain any copies, notes, computer files, documents or abstracts of the aforementioned.

The Company may notify any future or prospective employer or third party of the existence of this agreement, and shall be entitled to full injunctive relief, and any other legal remedies available for any breach.

This agreement shall be binding upon me and my personal representatives and successors in interest, and shall insure to the benefit of the Company, its successors and assigns.

Signed this ____ day of _____, 20__.

Company Employee

Witness Signature and Date