

Karst Stage, Inc.
P.O. Box 1127
Bozeman, MT 59771-1127

EMPLOYMENT APPLICATION
(Driver Supplement)

Instructions to Applicant

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, disability, or any other protected group status.

Please answer all questions. Do not leave a question blank, instead please mark as "N/A". Please print legibly.

Employment Application – Driver Supplement

Applicant Name _____ **SSN:** _____

LICENSES

Please list all Motor Vehicle Licenses you have held within the last 3 years.

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION

Do you have a current medical? Yes No If "YES", Expiration Date: _____
(You will need to provide a copy of both the long form and medical card for your Driver Qualification File)

LICENSING QUESTIONS

	YES	NO
Are you of legal age to accept this position? (Proof Required)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied a license, permit or privilege to operate a motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Has any license, permit or privilege ever been suspended or revoked	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to either of the above questions, please give details.

ACCIDENT RECORD

Please list all accidents for past 3 or more years (Attach sheet if more space is needed). If none, write NONE.

CITY	STATE	DATE	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS

Please list all convictions, forfeited bonds or collateral on account in the last 3-years (other than parking violations). If none, write "NONE".

CITY	STATE	DATE	CHARGE	PENALTY

EMPLOYMENT APPLICATION – DRIVER SUPPLEMENT (PAGE 2)

DRIVING EXPERIENCE

Please list all driving experience for the class of equipment listed. If you have experience with other equipment not listed, please list under the "Other" section. If no experience, write "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc)	DATES		Approx No of Miles (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Trailer (Single)				
Tractor and Trailer (Multiple)				
Motorcoach				
School Bus				
Transit Bus				
Mini Bus				
15 Passenger Van				
Other				
Other				

OTHER TRANSPORTATION EXPERIENCE AND QUALIFICATIONS

List states operated in the past 5 years.

What driving courses/training have you completed?

What safe driving awards do you hold and from whom?

What special equipment can you operate?

What other transportation experience do you have?

TO BE READ AND SIGNED BY APPLICANT

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.

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, school, 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 also understand that I am required to abide by all rules and regulations of the Company. Any alterations to the questions, crossing out or adding of text to this form, will result in the immediate disqualification of the applicant from employment.

Employee Printed Name

Signature

Date

TO BE COMPLETED BY MOTOR CARRIER

The application was reviewed by me on this date,

Reviewed By / Title

Signature

Date