



MOUNTAIN WEST PROPANE, INC.
 7140 N. 3000 W. | Roosevelt, UT 84066 | 435-353-4562
 4907 S. 4625 E. | Vernal, UT 84078 | 435-789-8466
 2320 E. Hwy 40 | Craig, CO 81625 | 970-824-0374

EMPLOYMENT APPLICATION

Position Applying For: _____ Date of Application: _____

Name: _____ Social Security: _____
Last First

Current Address: _____

Phone(s): _____ Birth Date: _____

Previous Addresses: _____ From _____ To _____ (Dates)
 (3 years)
 _____ From _____ To _____ (Dates)
 _____ From _____ To _____ (Dates)

Driver's License Information: List all licenses held within the previous 3 years

License Number: _____ Class _____ State _____ Exp. Date _____

License Number: _____ Class _____ State _____ Exp. Date _____

License Number: _____ Class _____ State _____ Exp. Date _____

Have you ever had any driver's license denied, suspended, revoked or canceled by any state agency? Yes No

If yes, give state of issuance and explanation of the circumstances (use backside of sheet if additional space is needed) _____

Driving Experience:

Types of Equipment (Truck, tractor/trailer, tank, etc)	From (date)	To (date)	Approximate Mileage Driven (total)



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List all traffic violation convictions for the previous 3 years (write NONE, if none)

Date	Location	Violation	Commercial Vehicle
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

List all accidents for the previous 3 years (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

Employment History: List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers. Use additional sheet if needed.

Employer: _____ From: _____ To: _____

Address: _____ Phone: _____

Supervisor: _____ Phone: _____

May we contact supervisor? Yes No

Title and Duties: _____

Reason for Leaving: _____

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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**EMPLOYMENT
APPLICATION**

Employer: _____ From: _____ To: _____

Address: _____ Phone: _____

Supervisor: _____ Phone: _____

May we contact supervisor? Yes No

Title and Duties: _____

Reason for Leaving: _____

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

Employer: _____ From: _____ To: _____

Address: _____ Phone: _____

Supervisor: _____ Phone: _____

May we contact supervisor? Yes No

Title and Duties: _____

Reason for Leaving: _____

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

Employer: _____ From: _____ To: _____

Address: _____ Phone: _____

Supervisor: _____ Phone: _____

May we contact supervisor? Yes No

Title and Duties: _____

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Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

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Employer: _____	From: _____	To: _____
Address: _____		Phone: _____
Supervisor: _____		Phone: _____
May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title and Duties: _____		
Reason for Leaving: _____		
Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		

For driver applicants of commercial motor vehicles that require 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).

As a prospective driver employee, you will 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 and the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three (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 or as late as thirty (30) days after being employed or upon being notified of denial of employment. The prospective employer must provide the requested information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the 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."

Applicant's Signature

Date Signed