# STAN MILLER, INC.

## P.O. BOX 804, BRECKENRIDGE, CO 80424 (970) 453-6095

**APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION :

Name: Phone Number: \_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_

P.O. Box City State Zip Code

Physical Address: ,

Street Address City State Zip Code

Are you legally entitled to work in the United States of America: Yes No \_

**You will need to show evidence of this upon hire.**

Drivers License #/State :\_\_

\_ \_\_

\_ \_ \_ Class:

 Endorsements:-----

In Case of Emergency, Notify: \_

Name Relationship

Home Phone: -< Work:( ) \_

Physical Address: \_

Street Address City State

Military Service: Yes No

Dates of Service: \_

Branch of Service: Honorably Discharged? Yes No

EMPLOYMENT DESIRED:

Position: Date to Start: Salary Desired: \_

Are you employed now? May we contact your current employer? \_

Have you applied for employment at Stan Miller, Inc. before? When? \_

Names of any relatives or friends employed by Stan Miller, Inc.: \_

EDUCATION:

Name/Address of School Years Completed Type of Degree Earned

EMPLOYMENT HISTORY:

(3 Years Required)

Name/Address &

Immediate Supervisor Position Dates Salary Reason For Leaving

Begin: End:

Begin: End:

Begin: End:

Page I of2

ARE YOU AT LEAST 18 YEARS OF AGE?--------------------

TRUCK EXPERIENCE:\_ \_

\_ \_ \_ \_ \_ \_ \_

\_ \_ \_

\_ \_ \_

\_ \_ \_ \_ \_ \_

MACHINE EXPERIENCE:---------------------------

ADDITIONAL CERTIFICATIONS: (check any that apply)

Pilots Certification

Flagging Certification

CPR

 Certified Weigher \_ \_ Traffic Control Supervisor

MOTOR VEHICLE RECORD:

Alcohol related violation within the last 5 years? Yes No

Date of conviction - - - - - Offense - - - - - - - - Location -- - - - - - -

Moving Violation within the last 3 years: \_ \_ Yes No

Date of Conviction - - - - -

Date of Conviction - - - - -

Offense - - - - - - - -

Offense - - - - - - - -

Location -- - - - - - -

Location -- - - - - - -

Date of Conviction -----

Offense - - - - - - - - Location - - - - - - - -

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, in the event that the applicant agrees to accept a position with the company, the applicant and the company agree that employment relationship between the company and the employee is an at-will relationship and that the employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee.

SIGNATURE ------------------ DATE:

As an employee of Stan Miller, Inc. you or your designated representative has the right to access your medical records on file at the main office. Your point of contact is Sue Stillwell. A copy of your access right will be made available upon request.

Stan Miller, Inc . is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, or physical handicap .

Revised 3/23/12

Page 2 of2

# STAN MILLER, INC.

**P.O. BOX 804, BRECKENRIDGE, CO 80424 PHONE (970) 453-6095**

## PERMISSION FOR RELEASE OF DRIVING RECORD

### I hereby authorize the release of records maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18USC 2721) and Colorado Law (24-72-204, 41-1-206, 42-3-125 CRS)

Printed Name- - - - - - - - - - - - - - - - - - - - - - - - - -

Address ----------------------------

Date of Birth - - - - - - - Driver's License Number - - - - - - - - - -

### Signature \_

\_ \_ \_

\_ \_ \_ \_ \_

\_ \_ \_

\_ \_ \_

\_ Date \_ \_

\_ \_ \_ \_ \_

\_ \_ \_

Purposes for which records are released:

Information for employment purposes.

For verification of information related to a commercial driver's license holder. For insurers or insurance support organizations or self-insured entities in connection with claims investigation, antifraud, rating or underwriting.

Stan Miller Inc.

P.O. Box 804

13541 Highway 9

Breckenridge, CO 80424

Federal Motor Carrier Safety Administration (FMCSA)

Drug and Alcohol Clearinghouse

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby provide consent to Stan Miller Inc. to conduct a full query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exist in the Clearinghouse.

I understand that if the full query conducted by Stan Miller Inc. indicates that drug or alcohol violation information about me exists in Clearinghouse, FMCSA will not disclose that information to Stan Miller Inc without first obtaining additional specific consent from me

I further understand that if I refuse to provide consent for Stan Miller Inc. to conduct a full query of FMCSA’s Clearinghouse, Stan Miller Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations. Whereas refusal, for new employment will not be considered.

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Employee Signature Date