



BIG SKY STEEL

NEW STEEL. INDUSTRIAL HARDWARE. SCRAP METAL RECYCLING

NEW STEEL & HARDWARE
1430 LOCKWOOD RD.
BILLINGS, MONTANA 59101
PH: (406) 248-7464 FAX: (406) 248-7467

RECYCLING
1551 N. FRONTAGE R.D.
BILLINGS, MONTANA 59101
PH: (406) 272-8101 FAX (406) 245-6538

APPLICATION FOR EMPLOYMENT

Driver Operator Laborer Mechanic Other

(Circle All That Apply)

Printed Name of 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.

TO BE READ AND SIGNED BY APPLICANT

I authorize **Big Sky Steel and Salvage** 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, schools, 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 understand, also, that I am required to abide by all rules and regulations of **Big Sky Steel and Salvage**.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- * Review information provided by previous employers;
- * Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to **Big Sky Steel and Salvage**; and
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE ONLY

PROCESS RECORD

Applicant: Hired _____ Rejected _____ Rejection Summary _____
 Date Employed _____ Position _____
 Date Interviewed _____ Interviewer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Position Released From _____
 Dismissed _____ Voluntary Quit _____ Other _____
 Termination Report Placed In File _____ Supervisor _____

PERSONAL DATA

Name _____ Social Security No. _____
 Last First MI

List your addresses of residency for the past 3 years.

Current Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Msg Phone _____ How Long? _____

yr/mo

Previous Address _____ City _____ State _____ Zip _____ How Long? _____

yr/mo

Previous Address _____ City _____ State _____ Zip _____ How Long? _____

yr/mo

Do you have legal right to work in the United States? Y / N

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____
 Dates: From _____ To _____ Rate of Pay _____ Position _____
 Reason for leaving _____

Are you employed now? _____ If not, how long since leaving last employment? _____
 Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

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.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the job description]? Y / N
 If yes, explain if you wish. _____

Are you willing to work out of town? Y / N

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
NAME	FROM: MO YR / TO: MO YR
ADDRESS	POSITION HELD
CITY	SALARY WAGE
CONTACT PERSON	PHONE NUMBER
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED Y / N	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED Y / N
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Y / N

EMPLOYER		DATE	
NAME		FROM: MO YR / TO: MO YR	
ADDRESS		POSITION HELD	
CITY		SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED Y / N		REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Y / N			
EMPLOYER		DATE	
NAME		FROM: MO YR / TO: MO YR	
ADDRESS		POSITION HELD	
CITY		SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED Y / N		REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Y / N			
EMPLOYER		DATE	
NAME		FROM: MO YR / TO: MO YR	
ADDRESS		POSITION HELD	
CITY		SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED Y / N		REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Y / N			

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past 3 years

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y / N

B. Has any license, permit or privilege ever been suspended or revoked? Y / N

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE - OTHER

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQ	DATE FROM: MO/YR	DATE TO: MO/YR	APPROX # OF MILES
Straight Truck Y / N	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-Trailer Y / N	Van, Tank, Flat, Dump, Refer			
Tractor - Two Trailers Y / N	Van, Tank, Flat, Dump, Refer			
Tractor - Three Trailers Y / N	Van, Tank, Flat, Dump, Refer			
Motorcoach – School Bus Y / N	More than 8 Passengers			
Motorcoach – School Bus Y / N	More than 15 Passengers			
Other				

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

OPERATING EXPERIENCE – OTHER

If you are applying for an operator position please list the equipment you have operated. Please list model and size.

Type	Models	Length of Time Operated
Dozers		
Loaders		
Motor Graders		
Scrapers		
Rollers		
Crushers		
Other		

MECHANIC EXPERIENCE – OTHER

If you are applying for a mechanic position please list the type of experience you have.

Type		Length of Time
Diesel-Heavy Equipment		
Diesel-Trucks		
Automotive		
Small Engines		
Welding		
Other		

EDUCATION

High School Diploma or GED? Y / N

College/Vo-Tech Years Successfully Completed &/or Degree

Certificates	1 st Aid/CPR	MSHA	OSHA	UST Removal	Forklift Operator	Crane Operator	Other
Expiration							

Please list any other types of equipment, experience, skills, training or certificates you may have.

Additional information that could help you qualify for this position.

TO BE READ AND SIGNED BY APPLICANT

This certifies 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.

Signature _____

Date _____