Please return completed application to:  
**Ft. Berthold Services, LLC**   
PO BOX 426   
Killdeer, ND 58640  
email: travis@fbsrigs.com fax (701)-927-0129

**Application for Employment**

Position Applied For: Date:

***Personal Information***

Applicant Name:

Current Address:

City: State: Zip:

Phone: DOB: SS#: - -

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact : \_\_\_\_\_\_

Phone: Relationship:

Residence for the past 3 years

Address: ST: ZIP: How Long

Address: ST: ZIP: How Long

Address: ST: ZIP: How Long

***Experience and Qualifications***

List states and license numbers held for 3 years

State License# Exp Date Class A/B Endorsements

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***Professional References***

Name Phone Number Relationship

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Vehicle Accidents for the past 3 years

Date Nature of Incident (backing, head-on, rollover, turning) Fatalities Injuries

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| --- | --- | --- | --- |
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Moving Traffic Violations, Convictions, & Forfeitures for the past 3 years

Date Offense Location Type of Vehicle Operated

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| --- | --- | --- | --- |
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1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? [ ] Yes [ ] No
2. Has any license, permit, or privilege ever been revoked? [ ] Yes [ ] No

***\*\*If yes to either question, please attach a statement giving details\*\****

This company requires all drivers who drive Commercial Motor Vehicles (CMV), which require a Commercial Driver’s License (CDL), to be controlled substance tested with a negative result prior to driving.

Do you consent to such testing? [ ] Yes [ ] No

***Employment Record***

All employers for 3 years / Commercial Driving Experience for the past 10 years

Last Employer: Position:

Address: Phone:

CDL Required: [ ] Yes [ ] No Dates Employed: Fax:

Reason for Leaving:

Where you subject to the Federal Motor Carrier Safety Regulations while employed? [ ] Yes [ ] No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? [ ] Yes [ ] No

Last Employer: Position:

Address: Phone:

CDL Required: [ ] Yes [ ] No Dates Employed: Fax:

Reason for Leaving:

Where you subject to the Federal Motor Carrier Safety Regulations while employed? [ ] Yes [ ] No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? [ ] Yes [ ] No

Last Employer: Position:

Address: Phone:

CDL Required: [ ] Yes [ ] No Dates Employed: Fax:

Reason for Leaving:

Where you subject to the Federal Motor Carrier Safety Regulations while employed? [ ] Yes [ ] No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? [ ] Yes [ ] No

Last Employer: Position:

Address: Phone:

CDL Required: [ ] Yes [ ] No Dates Employed: Fax:

Reason for Leaving:

Where you subject to the Federal Motor Carrier Safety Regulations while employed? [ ] Yes [ ] No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? [ ] Yes [ ] No

Last Employer: Position:

Address: Phone:

CDL Required: [ ] Yes [ ] No Dates Employed: Fax:

Reason for Leaving:

Where you subject to the Federal Motor Carrier Safety Regulations while employed? [ ] Yes [ ] No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No

If yes, please list conviction and date of conviction:

This certifies that this application was completed by me, and that all entries on it and information in it are true and correct to the best of my knowledge.

Applicant Signature Date

I hereby authorize Ft. Berthold Services, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; motor vehicle driving record, employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Ft. Berthold Services, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand that I have the right to:

1. Review information by previous employers
2. Have errors in the information corrected by previous employers and those previous employers to re-send the corrected information the prospective employer; and
3. Have the rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information provided.

I hereby release Ft. Berthold Services, LLC, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Applicant Signature Date

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) OF THE Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-2008), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413.391.23 and 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant Signature Date

HR USE RECVD \_\_\_\_\_\_\_\_\_

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