

Driver Application of Employment

Ryan Sanitation, LLC
3000 N. US Hwy 14-16
Gillette, WY 82716

Phone: (307)682-1599
Fax: (307)682-1825



General Information

Complete application in full. Incomplete applications will not be considered for hire.
Please do not state refer to Resume.

Name: Last _____ First _____ Middle _____
Former Name: _____ Social Security #: _____ - _____ - _____ Name Suffix _____
Home Phone: (_____) _____ - _____ Contact Phone (_____) _____ - _____
Current Address: _____ City _____ State _____ Zip _____
Past Address if less than 3 years at present: _____
City _____ State _____ Zip _____

Today's Date: _____
Regions driven in: NW SW NE SE Midwest Canada
Have you ever been convicted of/or have a pending felony? Yes No If yes, when? _____
Have you ever been convicted of/or have a pending DWI/DUI? Yes No If yes, when? _____
Have you tested positive or refused to test for alcohol/controlled substances in the last 3 years? Yes No If yes, when? _____
Have you tested positive or refused to test on a pre-employment alcohol/controlled substances in the last 3 years? Yes No If yes, when? _____
Are you authorized to work in the United States under federal law? Yes No
Are you able to pass a two year DOT physical? Yes No
Has your license ever been denied, revoked or suspended? Yes No If yes, when? _____
(Please explain any denial, revocation or suspension in the Traffic Violations area)
How were you referred to Ryan Eq.? _____ Driver? Yes No Name? _____
Have you ever worked / applied with us before? Yes No If yes, when? _____

Driver's License Information

List all unexpired licenses you currently hold:

State	License Number	Class	Endorsements	Expiration Date
1. _____	_____	_____	_____	____/____/____
2. _____	_____	_____	_____	____/____/____
3. _____	_____	_____	_____	____/____/____

Traffic Violations (last 3 years)

Date	State	Type of Violation (i.e. speeding - 10 miles over)	Points or Penalty
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

Accident Information (last 3 years)

Date	Vehicle	Nature of Accident	Non Preventable Or Preventable	Injuries	Fatalities	Amount
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____

Experience/Education

High School Attended _____ Year of Graduation _____
 Months of Over-the-Road Experience in the last five years _____
 Driving school attended (if less than 12 months of experience): _____
 Driving school phone # (_____) _____ City: _____ State: _____
 Graduation Date: _____

Employment History

Please list your present employer first. Provide **complete address** and **phone numbers**, including area codes and zip codes. Do not say "Refer to Resume".

From: _____ To: _____ Company Name: _____
 Phone: (_____) _____ Street Address: _____
 Position: _____ City: _____ State: _____ Zip: _____
 Type of Equipment Operated: _____ Ending Pay: _____
 Were you subject to FMCSR's? Yes No Was your job designated as a Safety Sensitive Function? Yes No
 Reason For Leaving: _____

From: _____ To: _____ Company Name: _____
 Phone: (_____) _____ Street Address: _____
 Position: _____ City: _____ State: _____ Zip: _____
 Type of Equipment Operated: _____ Ending Pay: _____
 Were you subject to FMCSR's? Yes No Was your job designated as a Safety Sensitive Function? Yes No
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From: _____ To: _____ Company Name: _____
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From: _____ To: _____ Company Name: _____
 Phone: (_____) _____ Street Address: _____
 Position: _____ City: _____ State: _____ Zip: _____
 Type of Equipment Operated: _____ Ending Pay: _____
 Were you subject to FMCSR's? Yes No Was your job designated as a Safety Sensitive Function? Yes No
 Reason For Leaving: _____

From: _____ To: _____ Company Name: _____
 Phone: (_____) _____ Street Address: _____
 Position: _____ City: _____ State: _____ Zip: _____
 Type of Equipment Operated: _____ Ending Pay: _____
 Were you subject to FMCSR's? Yes No Was your job designated as a Safety Sensitive Function? Yes No
 Reason For Leaving: _____

Personal/Professional References

Please list three references other than relatives:

_____ Name	_____ Address	_____ Occupation	_____ Years Acquainted	(_____)_____ Phone Number
_____ Name	_____ Address	_____ Occupation	_____ Years Acquainted	(_____)_____ Phone Number
_____ Name	_____ Address	_____ Occupation	_____ Years Acquainted	(_____)_____ Phone Number

Other

Additional comments you feel would assist us in evaluating your qualifications.

Applicant Statement

I hereby certify that all information on this application was completed by me and is true and complete to the best of my knowledge. I understand that any omission or misrepresentation is "falsification" and may result in refusal of or separation from employment. I hereby authorize Ryan Equipment to do a complete background investigation in accordance with state and federal laws. I authorize release of any information, including all information related to my alcohol and controlled substance testing and training records as required by the Federal Highway Administration (FHWA) 49 CFR Parts 391 or 382, by any past or current employers. I hereby release all such persons from any liability or damages. I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by Ryan Equipment in their consideration of my employment. I understand it is my right to review and contest any information received from my previous employers.

If necessary for employment in a specific position, you may be required to have a physical examination, drug screen, to provide evidence of citizenship or date of birth, or to sign a conflict of interest agreement and abide by its terms.

Signature

Date

We are an Equal Employment Opportunity Employer. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap or disability, veteran status, or any other class of individuals protected by law. This application will be current for only three months. If you have not heard from Ryan Equipment and still wish to be considered for employment at the end of the three months, you must fill out a new application.

We appreciate your interest in Ryan Equipment.

Employer Section: _____
