



*Passenger Ground Transportation to, from and in Sublette County, Wyoming*

# **SubLink Stage Line**

*Mailing Address: P.O. Box 1415, PINEDALE, WYOMING, 82941, USA*

*Phone: (307) 367-7433 Fax: (307) 367-8642*

*E-Mail: info@sublinkstage.com*

*Internet: www.sublinkstage.com*

## **DRIVER APPLICATION**

Thank you for your interest in working for Sublink Stage.

As we hold Federal Interstate Transportation Permits, as well as permits from the State of Wyoming, we are required to have all drivers complete a driver application form which complies with federal regulations.

Please complete the four pages that follow, plus the last page which is your consent for us to obtain Driver Information from previous employers. Once we receive these back from you we can process your application, and confirm with our insurance broker that they will include you in our list of approved and insured drivers.

If you have any questions please contact Alan or Robyn Blackburn at the above telephone number or email address.



Passenger Ground Transportation to, from and in Sublette County, Wyoming

# SubLink Stage Line

Mailing Address: P.O. Box 1415, PINEDALE, WYOMING, 82941, USA  
 Phone: (307) 367-7433 Fax: (307) 367-8642  
 E-Mail: info@sublinkstage.com Internet: www.sublinkstage.com

## DRIVER APPLICATION

- \* It is the company's policy to provide equal opportunity in conformance with all applicable laws
- \* In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States

### *PERSONAL*

NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	HOME PHONE ( )
ADDRESS	CITY	STATE	ZIP CODE	
DATE OF BIRTH	DRIVERS LICENCE #	EXPIRY DATE	CURRENT MVR	

### *INFORMATION ON PREVIOUS RESIDENCE*

In compliance with section 391.21(b)(3) of the Federal Motor Carrier Safety Regulations, please supply a list of residences where you have resided for three (3) years preceding today's date.

FROM	TO	ADDRESS	CITY	STATE	ZIP

### *EMPLOYMENT HISTORY*

Begin with the present or most recent employer and list all jobs you have held for the past three years.

FROM: MO/YR	TO: MO/YR	EMPLOYERS NAME AND COMPLETE ADDRESS			
IMMEDIATE SUPERVISOR		TELEPHONE	DESCRIPTION OF DUTIES		
REASON FOR LEAVING			MAY WE CONTACT? YES _____ NO _____		

FROM: MO/YR	TO: MO/YR	EMPLOYERS NAME AND COMPLETE ADDRESS	
IMMEDIATE SUPERVISOR		TELEPHONE	DESCRIPTION OF DUTIES
REASON FOR LEAVING			MAY WE CONTACT? YES _____ NO _____

FROM: MO/YR	TO: MO/YR	EMPLOYERS NAME AND COMPLETE ADDRESS	
IMMEDIATE SUPERVISOR		TELEPHONE	DESCRIPTION OF DUTIES
REASON FOR LEAVING			MAY WE CONTACT? YES _____ NO _____

FROM: MO/YR	TO: MO/YR	EMPLOYERS NAME AND COMPLETE ADDRESS	
IMMEDIATE SUPERVISOR		TELEPHONE	DESCRIPTION OF DUTIES
REASON FOR LEAVING			MAY WE CONTACT? YES _____ NO _____

FROM: MO/YR	TO: MO/YR	EMPLOYERS NAME AND COMPLETE ADDRESS	
IMMEDIATE SUPERVISOR		TELEPHONE	DESCRIPTION OF DUTIES
REASON FOR LEAVING			MAY WE CONTACT? YES _____ NO _____

FROM: MO/YR	TO: MO/YR	EMPLOYERS NAME AND COMPLETE ADDRESS	
IMMEDIATE SUPERVISOR		TELEPHONE	DESCRIPTION OF DUTIES
REASON FOR LEAVING			MAY WE CONTACT? YES _____ NO _____

**GENERAL INFORMATION**

HAVE YOU BEEN CONVICTED OF A FELONY? YES _____ NO _____	IF YES PLEASE EXPLAIN: WHEN _____ WHERE _____ ACTION TAKEN _____
IF HIRED, DO YOU AGREE TO ABIDE BY THE SAFETY RULES OF THE COMPANY? YES _____ NO _____	IF HIRED CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES PRIOR TO STARTING WORK? YES _____ NO _____
HAVE YOU EVER BEEN COUNSELED FOR CASH HANDLING SITUATIONS? IF YES PLEASE EXPLAIN: YES _____ NO _____	

**DRUG AND ALCOHOL POLICY**

The SubLink Stage Line has a vital interest in maintaining a drug and alcohol free environment. The company prohibits the use of, possession of, distribution of, purchase or sale of, offering to purchase or sell, transfer of, trafficking in, and working or reporting for work under the influence of, intoxicants, drugs or controlled or illegal substances. Applicants for employment may be required to take and pass a drug and alcohol screening test before they can begin to work and employees may be tested if the company has a reasonable suspicion of substance abuse. Random testing may also be required. Results of such tests will be kept confidential in accordance with applicable laws.



***SUSPENSION OF LICENSE***

Section 391.23(b)(9) of the Federal Motor Carrier Safety Regulations requires you to make a statement setting forth in detail the facts and circumstances of any denial, revocations, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued in your name; or a statement that no such denial, revocation, or suspension has occurred.


***PLEASE READ AND SIGN BELOW***

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.

I authorize the references listed above to provide the company with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to

# SubLink Stage Line

Mailing Address: P.O. Box 1415, PINEDALE, WYOMING, 82941, USA

Phone: (307) 367-7433 Fax: (307) 367-8642

## REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS

Employee Name (Print or type) \_\_\_\_\_

Employee SS or ID Number \_\_\_\_\_

I hereby authorise release of information by my previous employer listed below from my Department of Transportation regulated drug and alcohol testing records. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items and my work history.

- 1. Alcohol tests with a result of 0.04 or higher.
- 2. Verified positive drug tests.
- 3. Refusals to be tested.
- 4. Other violations of DOT agency drug and alcohol testing regulations.
- 5. Information obtained from previous employers of a drug and alcohol rule violation.
- 6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Previous Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Designated Previous Employer Representative (if known) \_\_\_\_\_

### TO BE COMPLETED BY PREVIOUS EMPLOYER

In the two years prior to the date of the employee's signature above, for DOT-regulated testing:

	YES	or	NO
1. Did the employee have alcohol tests with a result of 0.04 or higher?	_____		_____
2. Did the employee have verified positive drug results?	_____		_____
3. Did the employee refuse to be tested?	_____		_____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	_____		_____
5. Did a previous employer report a drug and alcohol rule violation to you?	_____		_____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	_____		_____

NOTE: If you answer "yes" to item 5 you must provide previous employer's report. If you answer "yes" to item 6 you must also transmit the appropriate return-to-duty documentation (eg SAP report(s), follow-up testing record).

### PLEASE NOTE THAT THIS REQUEST IS MADE IN ACCORDANCE WITH FEDERAL MOTOR CARRIER SAFETY REGULATION TITLE 49 SECTION 382.405 & 382.413

- 1. Applicant was employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_
- 2. Did the applicant operate a commercial vehicle? YES / NO If yes, what type? \_\_\_\_\_
- 3. Was applicant involved in any vehicle accidents? YES / NO # Preventable \_\_\_\_\_ # Non Preventable \_\_\_\_\_
- 4. Reason for leaving the company. Discharged \_\_\_\_\_ Lay off \_\_\_\_\_ Resign \_\_\_\_\_
- 5. Is applicant eligible for rehire? YES / NO If No, why? \_\_\_\_\_
- 6. Was applicant's safety performance satisfactory? YES / NO If No, why? \_\_\_\_\_

Name of person providing information \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_