APPLICATION FOR QUALIFICATION

Company: **Dick Irvin Inc.** **ATTN: Larry Gorecki, Safety Manager**
Address: **P.O. Box 950**
City/State/Zip: **Shelby, MT 59474**

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: ☐ Contractor ☐ Driver ☐ Contractor's Driver

Name: _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____ From: _____ To _____

_____ From: _____ To _____

_____ From: _____ To _____

_____ From: _____ To _____

Have you worked for this company before? ☐ Yes ☐ No
If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 **Post-Graduate:** 1 2 3 4