

NON-CDL Driver Application Overview

Name _____
Phone # _____
Location _____
Position _____

Please have the following paperwork together when turning in your application.

- Driver Application (must be filled out completely)
 - This includes dates, phone numbers, addresses, etc.
 - Make copies of pages as needed. Including employment history and previous employer safety requests including all companies worked for in the last 3 years.
 - 3 year employment history must include all gaps. Ex. Unemployed, Military leave, etc.
- Annual Review/Certification of Violations- MVR
 - Allows us to pull the MVR.
- Disclosure and release of information
 - We cannot process a D&A test or background without this information.
- Driver's License (copy of front and back of license – must be readable and in color)
 - If you do not have a color copier a picture of the front and back on a contrasting colored surface is acceptable.

If you have any questions, please don't hesitate to reach out to the location manager.

Thank you for applying at Horizon Resources.

Horizon Resources Non-CDL Driver Application

Horizon Resources is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Please fill out the application completely and its entirety.

Application Information

Full Name: _____ Birthdate: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone Number: _____ Email _____

Social Security No. _____ Driver's License & State _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Location Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Have you ever worked for this company? YES NO If yes, when? _____
 Have you ever been convicted of a felony/misdemeanor? YES NO All cases are looked at on an individual basis.

If yes, date and explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known _____

Previous Employment

All applicants must provide the following information on **all employers for the past 3 years** preceding this job application. Please list gaps in employment including unemployment.

Company: _____

Address: _____

Phone _____ Supervisor _____

Job Title: _____ Start Date: _____ End Date _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____

Address: _____

Phone _____ Supervisor _____

Job Title: _____ Start Date: _____ End Date _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____

Address: _____

Phone _____ Supervisor _____

Job Title: _____ Start Date: _____ End Date _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____

Address: _____

Phone _____ Supervisor _____
 Job Title: _____ Start Date: _____ End Date _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO

 May we contact your previous supervisor for a reference?

Company: _____
 Address: _____
 Phone _____ Supervisor _____
 Job Title: _____ Start Date: _____ End Date _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO

 May we contact your previous supervisor for a reference?

Company: _____
 Address: _____
 Phone _____ Supervisor _____
 Job Title: _____ Start Date: _____ End Date _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO

 May we contact your previous supervisor for a reference?

Company: _____
 Address: _____
 Phone _____ Supervisor _____
 Job Title: _____ Start Date: _____ End Date _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO

 May we contact your previous supervisor for a reference?

Experience and Certifications

Forklift Experience: Yes No If Yes, how many years? _____
 Skidsteer Experience: Yes No If Yes, how many years? _____
 Propane Bottle Fill Experience: Yes No If Yes, how many years? _____

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Horizon Resources Driver Application

Driver Certification of Violations / Annual Review of Driving Record

Certification- To be completed by the driver. (required)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
/			
/			
/			
/			
/			
/			
/			
/			

Driver Name _____

Signature _____ Date _____

To be completed by the reviewer

Review and Evaluation of Driver Record

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- Driver meets the minimum requirements for safe driving.
- Driver is disqualified to drive a motor vehicle as stated in Section 391.15.

Actions Taken _____

Reviews Signature _____ Date _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Horizon Resources is an equal opportunity employer.

I understand that the information on this application has been requested for the purpose of evaluating my qualifications for employment and that this document, or any item discussed regarding employment, does not constitute a contract or promise of employment. I affirm that the information provided in my application, resume, and interview is true and correct to the best of my knowledge. I authorize Horizon Resources to verify the information contained in my application and information I provide in the interview. I understand that misrepresentation or omission of information in connection with my application, resume, and/or interview may result in rejection of my application or dismissal whenever discovered.

I understand and agree that any offer of employment is contingent upon my satisfactory completion of Horizon Resources's pre-employment requirements which may include, but are not limited to: a health assessment, drug and alcohol testing, verification of current work authorization in the United States, background checks, work history and reference verification, and any other pre-employment requirements.

By signing below, I am affirming my understanding and acknowledgement of support in all items addressed in this document. I further understand that if I am hired by Horizon Resources, my employment will be "at will", which means that either Horizon Resources or I may terminate the employment relationship at any time for any reason. I further understand that, if hired, my at-will employment status may only be changed in a written contract signed by an officer of Horizon Resources (or designee) and that no representative of Horizon Resources has the authority to make any oral promise to me concerning my employment.

Signature: _____ Date: _____

AUTHORIZATION FOR BACKGROUND CHECKS AND PREEMPLOYMENT D&A TESTING

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

DRUG TESTING: GENERAL CONSENT

I hereby consent to allow D&A Testing Company (Cups, Checkers, or any other Chosen D&A testing Company) to take a specimen of my hair, urine, or blood and submit it to a laboratory testing service for a pre-employment, random or reasonable suspicion drug test. I further consent to allow the laboratory testing service to make the results of the drug test available to Horizon Resources.

I understand that [where allowed by state law] positive test results, refusal to be tested or any attempt to affect the test results or test sample will result in withdrawal of my application for employment and/or withdrawal of any provisional employment offer I have received from Horizon Resources or termination of employment, depending on when the results are received.

I agree to hold harmless and release from all claims Horizon Resources and its agents (including the above-named facility) from any liability arising in whole or part out of the collection of specimens, testing and the appropriate use of the information from such testing.

First Name	Middle	Last
Maiden/Other Names Used		Years Name Used
Date of Birth	Social Security Number	
Drivers License State & Number		Phone Number
Physical Address		
Signature	Date	

Write Clearly and Legibly

*If you would like a copy of the background check release information, please ask the manager.

Release and Authorization to Conduct Background Investigation

As a part of my application for employment with Horizon Resources ;
(Print name of company)

hereinafter referred to as the Company; which also includes contract for services, and if hired, my ongoing employment with the Company:

I authorize the Company and its legal agent, SafeTrac Solutions, Inc to conduct a background investigation on me. This investigation may include but is not limited to driver license records (MVR's), criminal history records, worker's compensation history records, past employment safety performance & drug/alcohol history and credit history records.

I certify that I have been advised of my rights under the Fair Credit Reporting Act (FCRA), the Federal Motor Carrier Safety Regulations (FMCSR) and the Driver Privacy Protection Act (DPPA) and understand that this background investigation will be conducted in accordance with these Acts.

I further certify, if I am a Commercial Motor Vehicle Driver (hold a CDL), that I have been advised of my rights under the Federal Motor Carrier Safety Regulations, 49CFR §§390, 391 which allow for my rebuttal to adverse information received from past employers regarding previous safe commercial driving experience and/or drug and alcohol testing history.

I further give my consent for unlimited, limited queries of the FMCSA Drug and Alcohol Clearinghouse. This clearinghouse maintains records of commercial drivers who have tested positive on DOT drug or alcohol tests or have engaged in other prohibited conduct. Refusal to consent to these queries will prohibit a driver from performing safety sensitive functions (including driving).

I understand that all information gathered in this background investigation will be held in the strictest confidence and will not be divulged, shared, resold or in any other manner released to any party other than the Company and its agent SafeTrac Solutions, Inc, unless required to do so by laws or regulations of proper jurisdiction.

I understand that the results of this background investigation could affect my being hired by the Company.

I understand that the Company and SafeTrac Solutions, Inc are conducting the investigation for legitimate business purposes only, and information will be used in a manner consistent with the Company's compliance of 49 CFR §§382, 390, 391 and for the legitimate security needs of the Company. I understand that this authorization and release will be kept on file and will remain as ongoing release and authorization during my employment with the Company, if I am hired, unless and until I revoke it in writing to the Company and SafeTrac Solutions, Inc.

I fully release the Company, SafeTrac Solutions, Inc, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity or other source providing information to the Company and/or SafeTrac Solutions, Inc from any and all claims and damages arising out of or relating to any investigation of my background for employment purposes.

Washington State license holders must complete a Washington State Release Form, in addition to this release.

By signing below, I certify that I have read and fully understand this release and authorization, that prior to signing it I was given an opportunity to ask questions and to have those questions answered to my satisfaction and that I have executed this release and authorization voluntarily. I further certify that the information I have provided is true and correct.

Print Name: _____ Date of Birth: ____/____/____

Social Security Number: ____-____-____ Drivers License Number: _____

State of Issue: _____ Commercial Driver License: Yes or No

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant/Employee Signature: _____ **Date:** ____/____/____

REQUEST FOR DRIVER ABSTRACT

North Dakota Department of Transportation, Driver License
SFN 51386 (2-2022)

DRIVER LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750
Email: drs@nd.gov
Fax: 701-328-2435

Driver License Number									
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Date of Birth									
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Subject's Name			
Subject's Address	City	State	ZIP Code

Name of Requestor Natalie Bowe	Telephone Number 406-727-9000		
Company Name (if applicable) SafeTrac Solutions	Email services@safetracsolutions.com		
Mailing Address PO Box 911	City Great Falls	State MT	ZIP Code 59403
Signature of Requestor			Date

THIS RECORD IS FOR:

<input type="checkbox"/> a prospective employer of a Commercial Driver's License holder (must have written consent).
<input checked="" type="checkbox"/> an employer of a Commercial Driver's License holder.
<input type="checkbox"/> an employer or prospective employer for non-commercial driving purposes.
<input type="checkbox"/> a government agency, including any court or law enforcement agency performing its function for an approved purpose.
<input type="checkbox"/> insurance purposes.
<input type="checkbox"/> use by a parent of a child under 18 years of age.
<input type="checkbox"/> other (please explain) _____

Please check one of the boxes below: Send the driving record to : <input type="checkbox"/> Subject's address <input checked="" type="checkbox"/> Requestor's address
--

<input checked="" type="checkbox"/> I am requesting the record of another person and their written consent is below.	
I give my written consent for the above Requestor to obtain a complete copy of my driving record. Signature	Date

Record requests and the fee may be mailed to the address listed above. You may also purchase and print a **limited** copy of a driving record online at <https://apps.nd.gov/dot/dlts/dlos/welcome.htm>. A limited copy will not display total points. All record requests are mailed from the Driver License Division. Please allow 5-7 business days for processing time.

FEE: \$3 PER RECORD

Make checks or money order payable to:
Driver License Division
608 E. Boulevard Ave.
Bismarck, ND 58505-0750