



1901 W. 2425 S.
Woods Cross, Utah 84087
801-294-7977 / Fax: 801-444-9821
Website: <http://www.Step-Saver.com>
E-mail: sales@Step-Saver.com

STEP SAVER DRIVER REQUIREMENTS:

Applicant Name

1. **AT LEAST 25 YEARS OLD.**
2. Driver must meet all Federal Motor Carrier Safety Regulations.
3. Driver must have a valid CDL in state of residence. No current license suspension. A work permit is not acceptable.
4. No serious traffic violations in “personal or commercial” vehicles within the last **three years** which include:
 - Excessive speeding, involving any single offence for any speed of **15 mph or more** above posted speed limit.
 - Reckless driving, as defined by Local and State laws.
 - Improper or erratic lane changes.
 - Following the vehicle ahead too closely.
 - Driving while intoxicated or under the influence of drugs.
 - Hit and Run, leaving the scene of an accident, failure to report an accident.
5. No more than 4 moving violations within the last 36 months or, no more than 2 moving violations in the previous 12 months.
6. No D.O.T. accidents involving a fatality, bodily injuries treated away from the accident scene, or disabling damage to a motor vehicle requiring a tow within the last **three years**.
7. A minimum of two years experience in the operation of tractor/trailer equipment is required with Long Combination Vehicle Certification.



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It is the policy of Step Saver that all pre-employment applicants will be required to pay an up front fee of \$35.00 *dollars* for a non dot pre-employment drug test and \$45.00 *dollars for DOT (CDL) drug test*. Upon the receipt of a *negative* drug test, each applicant will be given *employment*, and after a 30 day *probationary* period, will be fully reimbursed. With any and all *positive* drug and or alcohol test, the applicant will be *denied reimbursement and employment*.

Step Saver is committed to providing a drug and alcohol free work place. It is our policy to encourage only serious applicants to apply for work. With Step Saver's commitment in providing a drug and alcohol free work place, we are insuring better safety to all workers and the general public with whom workers may come in contact with. Further, it is Step Savers policy to inform all employees that in the event of a *positive* drug and alcohol test after employment, the cost of the drug and alcohol test will be deducted from the employee's regular pay.

I have read and agree to the terms of Step Saver's drug and alcohol policy for payment of *positive* drug and or alcohol test and deductions from my pay check if any tests return *positive* for drugs and or alcohol.

I _____, authorize Step Saver to obtain an Pre-Employment Motor Vehicle Record for my employment consideration. And I authorize Step Saver to obtain one anytime there after, pursuant to Federal Motor Carrier Safety Regulations: 391.25 (a).

Signature

Date

EMPLOYMENT APPLICATION



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It is the policy of Step Saver to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.
Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____

3.
Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone: _____ Evening phone: _____

4.
Job Position Applied For: _____

5.
Salary Desired: \$ _____ per _____

6.
Referral Source: Who referred you to our company?

7.
Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

8. Are you at least 18 years old? _____ Yes _____ No

9. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
 If no, please state any limitations:

10. If you are offered employment, when would you be available to begin work?

11. Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No
 What reasonable accommodation, if any, would you require?

12. Do you smoke? _____ Yes _____ No

13. Do you consume alcohol? _____ Yes _____ No
 If so, how much daily, weekly?

14. Do you use controlled substances, prescription _____ Yes _____ No
 or otherwise? If so, dosage and what used for?

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				

TRACTOR AND SEMI-TRAILOR				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 suspended or revoked? Yes? _____ No? _____
- IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING

THIRD LAST EMPLOYER: NAME

ADDRESS

POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING

TO BE READ AND SIGNED BY APPLICANT

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.

Date _____ Applicant's Signature _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize Utah Step Saver to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Utah Step Saver, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE