



BAR-S
SERVICES, INC

3330 I-80 Service Road Cheyenne, WY 82009
Ph. 307-637-8544 Fax 307-635-8917



ADA
Americans with
Disabilities Act



Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security No.: _____ Date of Birth: _____

Position Applied for: _____ Date Available: _____ Desired Salary: _____

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? YES NO If yes, explain? _____

Do you have a valid Driver's License: YES NO DL #: _____ Expiration: _____

Education

School Name	Address	Years Attended	Degree Received	Major

Professional References

Please list three **professional** references.

Name	Title	Company	Address	Phone

Previous Employment

(CDL Drivers must list for past 10 years. If additional space is required, please utilize space provided on Page 4.)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?	YES	NO
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/>	<input type="checkbox"/>

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?	YES	NO
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/>	<input type="checkbox"/>

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to FMCSRs while employed?	YES	NO
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/>	<input type="checkbox"/>

Company: _____

Address: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/>	<input type="checkbox"/>

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/>	<input type="checkbox"/>

Company: _____

Address: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/>	<input type="checkbox"/>

Company: _____

Address: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

	YES	NO
Were you subject to FMCSRs while employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/>	<input type="checkbox"/>

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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 the termination of my employment.

Signature: _____ Date: _____

Additional Space



EMPLOYEE SCREENING RELEASE

APPLICANT/EMPLOYEE COMPLETE THE FOLLOWING

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested from DISA Inc., that will include information as to my character, general reputation, personal characteristics, mode of living and credit standing.
 - a. I understand that as directed by company policy and consistent with the job described, that information such as but not limit to criminal and warrant records, social security number verification, credit and financial information, education, driving history, employment history, personal references, certifications and professional licenses, drug testing results, address history, and workers compensation records may be obtained.
 - b. I understand that such information may be obtained by direct or indirect contact from former employers, schools, courts, public agencies, or any other agency or institution and through personal interviews with neighbors, friends, associates, acquaintances, or other persons who have such knowledge.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. Additional State Law Notices:
 - a. California Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed. I understand that I have the right to inspect visually the files concerning me maintained by an investigative consumer reporting agency during normal business hours upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification. I am entitled to a copy of the file for a fee not to exceed the actual cost of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified address. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me. I will receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. The nature and scope of the investigation is as follows:

 - b. Massachusetts Applicants/Employees Only: The nature and scope of the investigation is as follows:

I have a right to obtain a copy of this report. I understand that in the event that I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.
 - c. Maine Applicants/Employees Only: I have the right, upon request, to be informed of whether an investigative consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. This is the nearest unit designated to handle inquires for DISA, Inc on any reports issued concerning me. I have the right, under Maine law, to request and promptly receive from DISA, Inc. copies of my consumer report(s).
 - d. Minnesota Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed. I also have the right upon my direct request to DISA, Inc. to obtain a complete



EMPLOYEE SCREENING RELEASE

and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from DISA, Inc. will be in writing and mailed or delivered within 5 days after the request for the disclosure was received or the consumer report was requested, whichever is later.

- e. New Jersey Applicants/Employees Only: The specific nature and scope of the investigation involving personal interviews includes: _____
- f. New York Applicants/Employees Only: I have the right, upon written request, to be informed of whether or not a consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. I may inspect and receive a copy of my report by contacting DISA, Inc.
- g. Oklahoma Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed.
- h. Washington Applicants/Employees Only: I understand before I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please Print Your Full Name as it Appears on Your License:

Last	First	Middle

Please Print Other Names You Have Used: _____

Home Address: _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____

State Issuing License: _____

By signing this form I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company, or any other source contact by DISA, Inc. or its agent, to furnish the information described in Section 1. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports. I acknowledge that I have read and understood the Employee Screening Release Authorization form. I understand that if hired my consent will apply throughout the term of my employment.

Signature: _____

Today's Date: _____

DRIVER ONLY APPLICATION

ANSWER ALL QUESTIONS –PLEASE PRINT CLEARLY

Position(s) applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address

_____ How Long? _____
Street City State & Zip Code Yr. /Mo

Previous Addresses

_____ How Long? _____
Street City State & Zip Code Yr. /Mo

_____ How Long? _____
Street City State & Zip Code Yr. /Mo

_____ How Long? _____
Street City State & Zip Code Yr. /Mo

DRIVER ONLY APPLICATION

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____
- B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE (CHECK YES OR NO)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO OF MILES
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR & SEMI-TRAILER _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR-TWO TRAILERS _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR-THREE TRAILERS _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH-SCHOOL BUS _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH-SCHOOL BUS _____ YES _____ NO	(VAN,TANK,FLAT,DUMP,REFER)			
OTHER _____	(VAN,TANK,FLAT,DUMP,REFER)			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ **DATE:** _____

