

**Employment Application**

Date: \_\_\_\_\_

Please print or type clearly in ink and return application to  
Ruby Dome, Inc. address below:

**Ruby Dome, Inc.**  
6525 E. Idaho St.  
Elko, NV 89801  
Fax: 775-738-8063  
Email: rubydome@frontiernet.net

**Personal**

<u>Last Name</u>		<u>First</u>		<u>M.I.</u>	
<u>Address</u>		<u>City</u>		<u>State</u>	
				<u>Zip</u>	
<u>Date of Birth</u>		<u>SSN:</u>		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<i>(If applying for Drivers Position)</i>					
<u>Home Phone Number</u>			<u>Emergency Phone</u>		
<u>Number</u>					
<u>Position Desired?</u>			<u>Salary Desired?</u>		
Are you seeking?				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Have you ever applied for employment with us?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Month and Year _____					
Have you ever worked for Ruby Dome, Inc.?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Dates of Employment _____ to _____					
Are you legally eligible for employment in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over 18? (21 if applying for driver DOT position)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a 10hr or 30hr OSHA Card and/or MSHA? List _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you work overtime if asked?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Apart from absence for religious observance, are you available for full time?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, what hours can you work? _____					
Are you related to anyone employed by Ruby Dome, Inc.?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, who? _____					

Ruby Dome, Inc's policy is to provide every individual a fair and equal opportunity to seek employment and advancement at Ruby Dome, Inc. without regard to

## RUBY DOME, INC.

### Education

Type of School	Name and Location of School	Course of Study	No. of Years	Did You Graduate?	Degree, Diploma or Certificate?
High School					
College					
Business/Trade/Technical					
Other					

### Miscellaneous

Have you ever been convicted of felony?  Yes  No  
*If yes, explain (convictions are not an automatic bar to employment)*

Have you ever filed a Workers Compensation Claim?  Yes  No  
If yes, when and in what State? \_\_\_\_\_

Are you capable of performing in a reasonable manner, with or without reasonable accommodations, the activities involved in the job or occupation for which you have applies?  Yes  No

Have you ever been bonded?  Yes  No  
If Yes, with what employers? \_\_\_\_\_

State Names of relatives and friends working for us, other than your spouse. \_\_\_\_\_

Did you serve in the U.S. Armed Forces?  Yes  No  
If yes, Which branch & dates: \_\_\_\_\_

### Skills

List office equipment you can operate: \_\_\_\_\_

Summarize special job-related skills and qualifications acquired from previous employment experience.

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## RUBY DOME, INC.

### Employment

Please list the names and addresses of all former employers for the last 7 years, beginning with the most recent  
(attach additional sheet(s) if necessary)

Employers Name and Address	Phone	Employed From/To	Name and Phone of Supervisor	Weekly Pay Start/End	State Job Title and Describe Your Work	Reason for Leaving
1.						
2.						
3.						
4.						

Please indicate by number which employers you worked for that were subject to the Federal Motor Carrier Safety Regulations (FMCSRs)

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### References

Name	Relationship	Phone	Years Known	Telephone	Address
-					



If you are applying for a truck driving position, please continue, otherwise stop here.

## RUBY DOME, INC.

The following questions are required by the FMCSA (CFR 391.21)-

### Driver's License (see note below)

Driver License No:	Date of Expiration:	State of Issue:					
Type or Class of License	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> Operator	<input type="checkbox"/> Commercial	<input type="checkbox"/> Chauffeur	<input type="checkbox"/> Other
<u>Endorsements</u> (Please check all that apply)							
<input type="checkbox"/> T-Double/Triple Trailers	<input type="checkbox"/> P-Passengers	<input type="checkbox"/> N-Tankers	<input type="checkbox"/> H-Hazardous Materials				
<input type="checkbox"/> X-Hazardous materials and tankers							
List any restrictions							
_____							
_____							
_____							
List all other states where you have held a driver's license in the last 10 years.							
_____							
_____							
_____							
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?							<input type="checkbox"/> Yes <input type="checkbox"/> No
No							
Has any license, permit, or privilege ever been suspended, denied, or revoked?							<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is yes to either of these question, please give a statement giving details							
_____							
_____							
_____							

**Note:** A driver's license printout is required from the Department of Motor Vehicles in the state where your license is issued. You are also required to provide a copy of your own driver profile from the FMCSA's CSA 2010 Pre-Employment Screening Program (PSP). The PSP is available at the following link:  
<https://www.fmcса.dot.gov/psp/default.aspx>

### Residential addresses for three (3) previous years

Dates	Address


## RUBY DOME, INC.

### Accidents List all vehicle accidents involved in for the last 3 years (Attach more sheets if needed)

<b>Dates</b> <i>(Begin with most recent)</i>	<b>Nature of Accident</b> <i>(Head-on, rear-end, upset, etc)</i>	<b>Fatalities</b>	<b>Injuries</b>

Traffic convictions and forfeitures (other than parking violations) for the past 3 years and any conviction or forfeitures involving possession, sale, manufacturing, transportation, or use of drugs.

<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>

### Truck and Equipment Experience

<b>Class of Equipment</b>	<b>Type of Equipment</b> <i>(Van, Tank, Flat, Etc.)</i>	<b>Dates</b> <b>From/To</b>		<b>Approx. No. of Miles</b> <i>(Total)</i>
Straight Truck				
Tractor and semi-trailer				
Tractor-Two trailers				
Other				

Show special courses for training that will help you as a driver

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Which safe driving awards do you hold and from whom?

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## RUBY DOME, INC.

6525 E. Idaho St  
Elko, NV 89801  
775-738-2154/775-738-8063 Fax  
[rubydome@frontiernet.net](mailto:rubydome@frontiernet.net)

### REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Applicant Name: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby authorize you to release the following information to **RUBY DOME, INC.** for the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

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

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

Mailed Date: \_\_\_\_\_

Faxed Date: \_\_\_\_\_

Received by Phone, Date \_\_\_\_\_

Name of Person Contacted \_\_\_\_\_

Dear Sir/Madam:

The above named individual has made application to this company for a position as \_\_\_\_\_  
And states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_  
to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a reply envelope for your convenience.

Sincerely,

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage or salary of \_\_\_\_\_.
2. Did he/she drive motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semitrailer? \_\_\_\_\_, Bus? \_\_\_\_\_. Other (Specify) \_\_\_\_\_
3. Was he/she safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ:  Discharged,  Resignation,  Lay off,  Military Duty
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record and/or accident information if available for past three years

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**RUBY DOME, INC.**

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE  
ALCOHOL AND DRUG TEST STATEMENT**

CFR Title 49 Part 40.25(j)As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec.40.25(b)(5), and (e).

Prospective Employee Name: \_\_\_\_\_  
(Print)

The prospective employee is required by Sec.40.25(j) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety, sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

**- DRIVER NOTICE -**

**IF THE DRIVER APPLICANT HAS HAD A POSITIVE PRE-EMPLOYMENT CONTROLLED SUBSTANCES TEST OR REFUSAL TO TEST DURING THE PAST THREE YEARS FROM THE DATE OF THIS EMPLOYMENT APPLICATION WITH RUBY DOME, INC., DO NOT SIGN THIS FORM.**

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

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RUBY DOME, INC. WILL NOT EMPLOY A DRIVER TO PERFORM SAFETY-SENSITIVE FUNCTIONS UNTIL AND UNLESS



THE DRIVER DOCUMENTS SUCCESSFUL COMPLETION OF THE RETURN TO DUTY PROCESS AS OUTLINED IN THE DOT REGULATIONS. DRIVER VERIFICATION OF THE COMPLETION OF THE RETURN TO DUTY PROCESS MUST BE SUBMITTED TO THE DESIGNATED EMPLOYER REPRESENTATIVE TO BE CONSIDERED ELIGIBLE FOR EMPLOYMENT.

## RUBY DOME, INC.

### DOCUMENTATION OF CONFIRMATION FROM PREVIOUS EMPLOYER

This document certifies that \_\_\_\_\_ reports that

\_\_\_\_\_ prior employer

\_\_\_\_\_ had:

\_\_\_\_\_ Driver / applicant

Yes	No
1.	Positive controlled substance test(s)
2.	Alcohol test result(s) of .04 or greater
3.	Refusals to be tested for the preceding three (3) years (including adulterated or substituted test results)
4.	Other violations of the FMCSA alcohol & controlled substance testing regulations

If “YES” to any of the above, below is the name and address of the substance abuse professional (SAP) that evaluated this individual. Please attach documentation of the employee’s successful completion of the DOT return to duty requirements including follow-up tests. **For a driver who has successfully completed a SAP referral and remained in your employment, please provide documentation on whether the driver had any of the above testing violations any time after completion of the SAP referral.**

SAP \_\_\_\_\_

SAP address \_\_\_\_\_

SAP city/state/ZIP \_\_\_\_\_

Date: \_\_\_\_\_

Prior Employer  
Representative:

\_\_\_\_\_ signature

# RUBY DOME, INC.

Please indicate your opinion by placing a check ( ) in the appropriate column.  
Any other remarks

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Additional remarks

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Prior Employer  
Representative:

\_\_\_\_\_

signature

date

## **RUBY DOME, INC.**

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I \_\_\_\_\_ have been informed  
Applicant name

that the information provided in this application and pursuant to CFR 391.21 (d) that the information he/she provides in accordance with paragraph (b)(10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23. The prospective employer must also notify the driver in writing of his/her due process rights as specified in 391.23(i) regarding information received as a result of these investigations.

A copy of CFR 391.23 Investigations and inquiries has been provided.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

### **§391.23 Investigation and inquiries.**

(a) Except as provided in [Subpart G](#) of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

(a)(1) An inquiry to each State where the driver held or holds a motor vehicle operator's license or permit during the preceding 3 years to obtain that driver's motor vehicle record.

(a)(2) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.

(b) A copy of the motor vehicle record(s) obtained in response to the inquiry or inquiries to each State required by paragraph (a)(1) of this section must be placed in the driver qualification file within 30 days of the date the driver's employment begins and be retained in compliance with [§391.51](#). If no motor vehicle record is received from the State or States required to submit this response, the motor carrier must document a good faith effort to obtain such information, and certify that no record exists for that driver in that State or States. The inquiry to the State driver licensing agency or agencies must be made in the form and manner each agency prescribes.

(c)(1) Replies to the investigations of the driver's safety performance history required by paragraph (a)(2) of this section, or documentation of good faith efforts to obtain the investigation data, must be placed in the driver investigation history file, after October 29, 2004, within 30 days of the date the driver's employment begins. Any period of time required to exercise the driver's due process rights to review the information received, request a previous employer to correct or include a rebuttal, is separate and apart from this 30-day requirement to document investigation of the driver safety performance history data.

(c)(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety

performance history information, must be documented. The record must be maintained pursuant to [§391.53](#).

(c)(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA following procedures specified at [§386.12](#) of this chapter and keep a copy of such reports in the Driver Investigation file as part of documenting a good faith effort to obtain the required information.

(c)(4) **Exception.** For drivers with no previous employment experience working for a DOT regulated employer during the preceding three years, documentation that no investigation was possible must be placed in the driver history investigation file, after October 29, 2004, within the required 30 days of the date the driver's employment begins.

(d) The prospective motor carrier must investigate, at a minimum, the information listed in this paragraph from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. The investigation request must contain specific contact information on where the previous motor carrier employers should send the information requested.

(d)(1) General driver identification and employment verification information.

(d)(2) The data elements as specified in [§390.15\(b\)\(1\)](#) of this chapter for accidents involving the driver that occurred in the three-year period preceding the date of the employment application.

(d)(2)(i) Any accidents as defined by [§390.5](#) of this chapter.

(d)(2)(ii) Any accidents the previous employer may wish to provide that are retained pursuant to [§390.15\(b\)\(2\)](#), or pursuant to the employer's internal policies for retaining more detailed minor accident information.

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by [49 CFR part 40](#).

(e)(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under [subpart B of part 382](#) of this chapter, or [49 CFR part 40](#).

(e)(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to [§382.605](#) of this chapter, or [49 CFR part 40, subpart O](#). If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(e)(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a [§382.605](#) or [49 CFR part 40, subpart O](#) referral:

(e)(3)(i) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(e)(3)(ii) Verified positive drug tests;

(e)(3)(iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of [§40.321\(b\)](#) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

(g) After October 29, 2004, previous employers must:

(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received. If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

(g)(5) **Exception.** Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003.

(h) The release of information under this section may take any form that reasonably ensures confidentiality, including letter, facsimile, or e-mail. The previous employer and its agents and insurers must take all precautions reasonably necessary to protect the driver safety performance history records from disclosure to any person not directly involved in forwarding the records, except the previous employer's insurer, except that the previous employer may not provide any alcohol or controlled substances information to the previous employer's insurer.

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years—via the application form or other written document prior to any hiring decision—that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has

not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at [§386.12](#).

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against—

(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,

(l)(1)(ii) A person who has provided such information; or

(l)(1)(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

(m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with [§391.43](#), and any medical variance on which the certification is based, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

(m)(2) **Exception.** For drivers required to have a commercial driver's license under [part 383](#) of this chapter:

(m)(2)(i) Beginning January 30, 2012, using the CDLIS motor vehicle record obtained from the current licensing State, the motor carrier must verify and document in the driver qualification file the following information before allowing the driver to operate a CMV:

(m)(2)(i)(A) The type of operation the driver self-certified that he or she will perform in accordance with [§383.71\(a\)\(1\)\(ii\)](#) and [383.71\(g\)](#) of this chapter, or

(m)(2)(i)(B) **Exception.** If the driver provided the motor carrier with a copy of the current medical examiner's certificate that was submitted to the State in accordance with [§383.73\(a\)\(5\)](#) of this chapter, the motor carrier may use a copy of that medical examiner's certificate as proof of the driver's medical certification for up to 15 days after the date it was issued.

(m)(2)(ii) Until January 30, 2014, if a driver operating in non-excepted, interstate commerce has no medical certification status information on the CDLIS MVR obtained from the current State driver licensing agency, the employing motor carrier may accept a medical examiner's certificate issued to that driver prior to January 30, 2012, and place a copy of it in the driver qualification file before allowing the driver to operate a CMV in interstate commerce.