DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____   Date of Application _____

      Company _____

      Address _____

      City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

· Review information provided by previous employers;

· Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

· Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____   Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____   REJECTED _____

DATE EMPLOYED _____   POINT EMPLOYED _____

DEPARTMENT _____   CLASSIFICATION _____

   (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____   DEPARTMENT RELEASED FROM _____

DISMISSED _____   VOLUNTARILY QUIT _____   OTHER _____

TERMINATION REPORT PLACED IN FILE _____   SUPERVISOR _____

APPLICANT TO COMPLETE
(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last | First | Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street | City

_____ Phone _____ How Long? _____
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.

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commerical Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____
Rate of pay expected _____

Have you ever been bonded? _____
(Answer only if a job requirement)
Name of bonding company _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a seperate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
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? ☐ YES ☐ NO				

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO

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? ☐ YES ☐ NO

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO

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? ☐ YES ☐ NO

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO

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? ☐ YES ☐ NO

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	

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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? ☐ YES ☐ NO

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO

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? ☐ YES ☐ NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND FORFEITURES 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
DRIVER				
LICENSES				

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 FROM(M/Y) TO(M/Y)		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	☐ YES ☐ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND 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 More than 16 passengers	———			
MOTORCOACH - SCHOOL BUS	☐ YES ☐ NO More than 8 passengers	———			
OTHER					

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 MAY 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 _____ (NAME) _____ (CITY, STATE)

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.

Signature: _____   Date: _____