

DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

PERSONAL DESCRIPTION

FULL NAME _____ DATE ____/____/____
LAST FIRST M.I.

ADDRESS _____
STREET CITY STATE ZIP

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH _____
 PHONE NO. (____) _____ IN CASE OF EMERGENCY NOTIFY _____

ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____
 LAST THREE STREET _____ CITY _____ STATE _____ ZIP _____
 YEARS STREET _____ CITY _____ STATE _____ ZIP _____

ARE YOU NOW EMPLOYED? _____ WHEN WILL YOU BE AVAILABLE? _____
 ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF
 IMMIGRATION STATUS? _____

EXPERIENCE & QUALIFICATIONS

VALID DRIVER'S LICENSE # _____ STATE _____ EXPIRES _____
 LICENSE TYPE _____ LIST CDL ENDORSEMENTS _____
 HAVE YOU EVER BEEN DENIED A PERMIT/LICENSE/PRIVILEGE TO OPERATE A MOTOR VEHICLE? _____
 HAS YOUR LICENSE PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? _____
 IF YES, EXPLAIN _____

DRIVING EXPERIENCE

POWER EQUIPMENT	TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES DRIVEN IN
STRAIGHT TRUCK			
TRACTOR TRAILER			
BUS			
OTHER (SPECIFY)			

ACCIDENT RECORD - LAST THREE YEARS

DATE	NATURE OF ACCIDENT	NO. OF FATALITIES	NO. OF INJURIES	COMMERICAL/PERSONAL

TRAFFIC CONVICTIONS & FORFEITURES - LAST THREE YEARS (OTHER THAN PARKING)

DATE	CHARGE	PENALTY	STATE	COMMERICAL/PERSONAL

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EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4
OTHER TRAINING _____

DO YOU HAVE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS: _____

EMPLOYMENT HISTORY (FOR PAST 10 YEARS)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____ WHEN _____
POSITION _____ REASON FOR LEAVING _____

LAST EMPLOYER NAME _____ PHONE _____
ADDRESS _____
FROM ____/____/____ TO ____/____/____ SUPERVISOR _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____

2ND LAST EMPLOYER NAME _____ PHONE _____
ADDRESS _____
FROM ____/____/____ TO ____/____/____ SUPERVISOR _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____

3RD LAST EMPLOYER NAME _____ PHONE _____
ADDRESS _____
FROM ____/____/____ TO ____/____/____ SUPERVISOR _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____

4TH LAST EMPLOYER NAME _____ PHONE _____
ADDRESS _____
FROM ____/____/____ TO ____/____/____ SUPERVISOR _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____

NOTICE TO APPLICANT

Applicant – If employer has not explained or given you a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions:

CAN YOU PERFORM THE FUNCTIONS SPECIFIED IN THE JOB DESCRIPTION? _____
PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMODATION, YOU WILL BE ABLE
TO PERFORM THOSE FUNCTIONS _____

MUST BE READ AND SIGNED BY APPLICANT

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I UNDERSTAND THAT THE COMPANY OR ITS AGENTS MAY INVESTIGATE MY BACKGROUND AND I HEREBY CONSENT TO SUCH INVESTIGATION.

_____/____/____
DATE

APPLICANT'S SIGNATURE