



DRIVER'S APPLICATION FOR EMPLOYMENT

Thank you for applying with us.

Be sure to complete all of the fields applicable to you before submitting your application.

Applicant Name _____ Date of Application _____

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.

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Yes, I authorize Applicant Signature _____

Applicant Information - Section 1

Applicant Name

Email

Positions Applied For

Applicant Name

Social Security No:

Current Address

Previous Address Information - Section 2

List your addressess of residency for the past 3 years

Previous address #2

Previous address #3

Previous address #4

Applicant Information - Section 3

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

Yes No

Date of Birth

Can you provide proof of age?

Yes No

Have you worked for this company before?

Yes No

Date From:

Date To:

Are you currently employed?

Yes No

If not, how long since leaving last employment?

Who referred you?

Rate of pay expected?

Have you ever been bonded?

Yes No

Name of bonding company?

Applicant Information - Section 4

Have you ever been convicted of a felony?

Yes No

If yes, please explain fully. 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? If yes, explain.

Accident Records - Section 5

Accident record for the past 3 years or more. If none, write NONE.

Date	Nature of Accident. (Head-on, Rear-end, upset, etc.)	Fatalities	Injuries	Hazardous Material Spill

License/Permit Records - Section 6

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, Write NONE.

Location	Date	Charge	Penalty

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 from above is Yes, Give Details.

Training Records - Section 7

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

Employment History - Section 8

All driver applicants to drive in the interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle in interstate 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.

Previous Employer Information #1 (Most Recent)

Date Employed:	Position held:	Salary / Wage:	Reason for leaving:

Where you subject to the FMCSR while employed: YES or NO

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

Previous Employer Information #2

Date Employed:	Position held:	Salary / Wage:	Reason for leaving:

Where you subject to the FMCSR while employed: YES or NO

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 or NO

Yes No

Previous Employer Information #3

Date Employed:	Position held:	Salary / Wage:	Reason for leaving:

Where you subject to the FMCSR while employed: YES or NO

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 or NO

Yes No

Education History - Section 9

High School - Highest Grade Completed

1 2 3 4

College - Highest Grade Completed

1 2 3 4

You will need to present this completed application to our hiring department in order to be considered for employment. Please be sure that you have entered all information accurately and truthfully before signing and dating the application below.

Applicant Name _____ Date of Application _____

Applicant Signature _____