

Owner operator Application

Express Way Inc

P.O. Box 337,

Saline, MI. 48176

Phone 734-944-9043

Fax 734-944-0761

Email: exway@expresswaypro.com

Applicant Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Current address: _____

Please list all residences for the past three (3) years:

Position Applying for: _____ Vehicle Size: _____

Who Referred you: _____

Have you worked for Express Way before: _____ Dates From: _____ To: _____

Reason for leaving: _____

Names of any relatives with Express Way: _____

Education: Highest Grade Completed: _____ College: _____

Last School attended: _____ **General**

Information:

Have you ever been Bonded: _____ Name of Bonding Company: _____

Have you ever been convicted of a felony: _____ If Yes, please explain fully. Conviction is not an automatic bar to employment. All circumstances will be considered. _____

Driver Experience & Qualification:

Date of Birth _____ The U.S. Dept of Trans requires driver applicants state D.O.B.

Social Security Number: _____

Licenses Held in past Three (3) years:

State: _____ License Number: _____

Class: _____ Endorsement: _____ Exp Date: _____

State: _____ License Number: _____

Class: _____ Endorsement: _____ Exp Date: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle: _____

Has any license, permit, or privilege been revoked or suspended: _____

Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulations: _____

If Yes, give Details: _____

List Equip operated, Dates, Aprx total Miles

Tractor and Trailer: _____

Straight Truck: _____

Cube Van/Sprinter: _____

Cargo Van: _____

Other: _____

List States operated in last five years: _____

List any Special Training or course that will help you as a driver: _____

List Driving awards: _____

Accident review:

	Dates:	Type of Accident (head on, rear end, etc)	Fatalities	Injuries
Most Recent:	_____	_____	_____	_____
Next Previous:	_____	_____	_____	_____
Next previous:	_____	_____	_____	_____

Traffic Convictions and Forfeitures for the past three years:

Location:	Date:	Charge:	Penalty:
_____	_____	_____	_____
_____	_____	_____	_____

Employment Record: U.S Dept of Trans requires that driver applications show all employment for the past three (3) years. They must also show commercial employment for the last seven (7) years immediately proceeding this three (3) year period.

Start with last or current position, including military experience; listing from most recent back.

Current Employer: _____ Supervisors name: _____

Address: _____ Zip: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Previous Employer: _____ Supervisors Name: _____

Address: _____ Zip: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Previous Employer: _____ Supervisors name: _____

Address: _____ Zip: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Previous Employer: _____ Supervisors Name: _____

Address: _____ Zip: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Maintenance Experience & Qualifications:

List Course and Training in maintenance work: _____

Platform Experience & Qualifications:

List Platform equipment you can operate (fork trucks, etc): _____

APPLICANT MUST READ and SIGN:

I certify that I read and understood all of this employment application. It is agreed and understood tghat the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an application for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also understood that under the fair credit reporting Act Public Law 91-508, I have been told that this investigation may include an investigative consumer report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information and facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certified 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.

Date: _____ Applicant name: _____