

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant's Name: _____ Date of Application: _____

(Print)

Company: BayPark Trucking

Address: 855 Hwy 15 North

City: Bishopville

State: _____

SC

Zip: 29010

In accordance 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 after a conditional offer if employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and release information in connection with my application. In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding my 3 year employer history may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history information as required by 49 CFR 391.23(d) and (e). I understand that I have a right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and 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 _____

DATE EMPLOYED _____

POSITION EMPLOYED _____ FULL TIME _____ PART TIME _____

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED ON FILE _____

SUPERVISOR _____

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Position(s) Applied for _____

Name _____ Social Security No. _____
First Middle Last

List your address of residency for the **past 3 years**.

Current Address _____
Street City State Zip Code

Current Phone No. _____ How Long? _____ yr. /mo

Previous Address _____
Street City State Zip Code

How Long? _____ 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 Commercial Drivers)

Have you worked for this company before? _____ How Long? _____

Dates: From _____ to _____ Rate of Pay _____

Position _____

Reason for Leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a crime? _____

Have you ever violated A DOT Drug and Alcohol Prohibition? YES NO

If yes, please explain fully. Use a separate sheet of paper if necessary. _____

If you checked "Yes" to the question above, did you complete the return to duty requirements to conduct DOT Safety Sensitive Functions?

YES NO N/A

If no, please explain fully. Use a separate sheet of paper if necessary. _____

EMPLOYMENT HISTORY

All CMV driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 year employment history. List complete mailing address, street number, city, state, and zip code. **Please explain any gaps in employment history.**

(NOTE: List employer's starting with the most recent. You must explain all gaps in employment, if you have no gaps write "No Gaps in Employment History" in the section following employment history".)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
PHONE NUMBER				
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DID YOU LIST ALL DOT REGULATED EMPLOYERS FOR WHOM YOU OPERATED A CMV DURING THE PRECEDING THREE YEARS? YES NO

DO YOU HAVE ANY GAPS IN EMPLOYMENT? YES NO

IF YES, EXPLAIN ANY/AND ALL GAPS IN EMPLOYMENT HISTORY, if none write below: "No Gaps in Employment History".

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous material 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 10,000 pounds or more, (2) is designed or used to transport more than 8 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 THE 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	VEHICLE TOWED
LAST ACCIDENT _____				
NEXT ACCIDENT _____				
NEXT ACCIDENT _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

List each unexpired CDL license or permits issued.	STATE	LICENSE NO.	CLASS	ENDORCEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
 B. Has any license or privilege ever been suspended, or revoked in any state? 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		APPROX. NO OF MILES (TOTAL)
		FROM (M/Y)	TO (Y/M)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
TRACTOR – TWO TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
TRACTOR – THREE TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)			
MOTOR COACH/SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	-			
OTHER				

LIST STATES OPERATED IN FOR 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.

_____ Date _____ Applicant's Signature