



Employment Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last, First, MI

Address: _____
Street Address, Apartment/Unit #

City, State, ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No: _____ Date Available: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when?

Within the last 10 years have you been convicted of a felony? Yes No If yes, explain

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

LICENSE INFORMATION

Section 383 21 FMCSR states 'No person who operates a commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE	ENDORSEMENTS

Do you have a TWIC card? Yes No If yes, expiration? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR AND SEMI-TRAILER				
OTHER				

How long have you been driving?		What make/model truck have you driven?	
Which states have you driven in?		Are there any states you do not like to drive in?	
How long are you willing to stay on the road?		Are you comfortable driving 11 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is something you would like to improve about your driving?		If light driver assistance is needed on loading & unloading, would that be a problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain
Do you have mechanical experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you technically savvy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ACCIDENT RECORD

List all accidents within the past 5 years.

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-ENO, UPSET. ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS & FORFEITURES

List all convictions and forfeitures within the past 5 years. This does not apply to Parking

DATE CONVICTED (Month & Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (Forfeited bond, Collateral and/or Points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

If yes, explain: _____

B. Has any license, permit or privilege ever been suspended or revoked?

If yes, explain: _____

PREVIOUS EMPLOYMENT

Why are you currently looking for employment?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO



Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

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 Address: _____ Supervisor: _____
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Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED INCLUDE DATES (MONTH/YEAR) AND REASON.

Explain:



Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

DISCLAIMER AND SIGNATURE

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 that I have the right to:

- Review information provided by current/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."

APPLICANTS SIGNATURE: _____ DATE: _____

This certifies that I completed this application. and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A typed signature is the same as a written signature. A motor earner may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.