



Application for Employment

_____ Date

Company Name: _____

Street Address: _____

City, State, Zip: _____

Applicant _____ Name () _____
 _____ Home Phone: () _____
 Last First Middle Cell Phone:

* Current Address

_____ Street _____ City _____ State _____ Zip Code _____

* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

_____ Street _____ City _____ State _____ Zip Code _____

_____ Street _____ City _____ State _____ Zip Code _____

Position Applying _____ for _____
 _____ Temporary _____ Part Time _____ Full Time

Who Referred _____ You? Rate of Pay _____
 Expected? _____

Have you ever worked for this company _____
 before? Dates: From _____ to _____
 month/year _____ month/ year _____

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment?

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
 Last school attended _____

College: 1 2 3 4 _____

_____ Name _____ Address _____

MILITARY EXPERIENCE

- 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 _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____
 If you answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, etc.)	Dates From	TO	Approximate Total Miles
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

List states operated in during last five years:
 the _____

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

List safe driving awards held and who awards were presented by:

DRIVER EXPERIENCE AND QUALIFICATION (continued)

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-on, Rear-End, Upset, etc.)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

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

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the last or current position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____
 Phone: () _____
 Held: _____ From _____ To _____ Salary _____
 Address: _____
 Position Held: _____
 Mo. / Yr. Mo. /Yr. Reason for Leaving:

Previous Employer: Supervisor's Name: Address:

Held: _____ From _____ To _____ Salary _____
Position Held: _____
Mo. /Yr. Mo. /Yr. Reason for Leaving:

Previous Employer: _____ Supervisor's Name: _____
Held: _____ From _____ To _____ Salary _____
Address: _____
Position Held: _____
Mo. /Yr. Mo. [Yr. Reason for Leaving:

Held: _____ From _____ To _____ Salary _____
Previous Employer: _____ Supervisor's Name: _____ Address: _____
Position Held: _____
Mo. / Yr. Mo. (Yr. Reason for Leaving:

Previous Employer: _____ Supervisor's Name: _____
Held: _____ From _____ To _____ Salary _____
Address: _____
Position Held: _____
Mo. /Yr. Mo. /Yr. Reason for Leaving:

Held: _____ From _____ To _____ Salary _____
Previous Employer: _____ Supervisor's Name: _____ Address: _____
Position Held: _____
Mo. / Yr. Mo. (Yr. Reason for Leaving:

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information Of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and 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, personal 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 or facts may result in my rejection or dismissal.

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

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.

Date

Applicant's Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE
PROCESS RECORD

Applicant Hired? _____ Yes _____ No Date of Birth _____ (month/ day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____
(If not hired, summary report of reasons should be placed in file)

Address _____
IN CASE OF EMERGENCY, NOTIFY: _____ Phone () _____

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

			Below		Written Record
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superior	Good	Fair	Average	Poor	on File

- 1. Application
- 2. Interview
- 3. Physical Exam *
- 4. Past Employment
- 5. Written Exam
- 6. Policy & Traffic Record * driver applicants only

Signature Of Interviewing Officer _____ Date _____

Termination of Employment

Date Terminated _____ Department Released From _____
Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION