ALEXANDER EXCAVATION, INC.

Driver's Application for Employment

**Name:**

**Address:**

**Contact:**

*Last First M.I.*

*Street Address Apartment/Unit #*

Arkansas

*City State ZIP Code*

*Date*

*Phone (Mobile/Home) Email Address*

Date You Can

02/13/2025

Will Accept:

Are you able to perform the essential functions of

Start Work

Part-Time Full-Time Temporary

**Drivers License Information**

the job you are applying for, with or without reasonable accommodation?

**Yes No**

**Experience and Qualifications of Driver**

**Driver's Licenses**

**State**

**License Number Class of License**

**Expiration Date**

**Endorsements**

**Class of Equipment(write in all that apply)**

**Type of Equipment (Van, Tank, Flatbed, ETC.)**

**Driving Experience**



**Dates of Operation**

**From To Approximate Total Miles**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Accident Record for the Past 3 Years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Dates | Nature of Accident (Head-On, Rear-End, Etc.) | Fatalities | Injuries |
| Last Accident |  |  |  |  |
| Previous Accident |  |  |  |  |
| Previous Accident |  |  |  |  |

**Traffic Convictions and Forfeitures for the past 3 years (other than parking vilations)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Location | Charge | Penalty | Copy of Report on File |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes ** **No **

Has any license, permit or privilege held by you ever been suspended, revoked, or cancelled? **Yes ** **No **

**References**

*Please list three professional references*

Full Name:

Relationship:

Address:

Phone:

Full Name: Relationship:

Address: Phone:

Full Name:

Relationship:

Address: Phone:

**Previous Employment**

*Employment Record: Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.*

Company:

Address:

Job Title:

Responsibilities:

From: To:

May we contact your previous supervisor for a reference?

Phone:

Supervisor:

Reason For Leaving:

Yes

Company:

Address:

Job Title: Responsibilities:

Phone:

Supervisor:

From: To:

May we contact your previous supervisor for a reference?

Company:

Address:

Job Title:

Responsibilities:

From: To:

May we contact your previous supervisor for a reference?

Reason For Leaving:

Yes

Phone:

Supervisor:

Reason For Leaving:

Yes

**Military Service**

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

**Disclaimer and Signature**

***I certify that my answers are true and complete to the best of my knowledge.***

***If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.***

***I also understand and acknowledge that if hired by Alexander Excavation, Inc., that I will be subject to pre- employment as well as random drug screening, as part of AEI's health and safety policy.***

*Type Name Below:*

*Signature: Date:*