

Driver Application for Employment

Ernest Transport, LLC  
P.O. Box 1084  
Tallahassee, Florida 32302



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## EMPLOYMENT APPLICATION

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job-related disability. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date of Application MM/DD/YY: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

CDL Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Exam: Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List current address and all addresses at which you have resided during the past 5 years:

Current

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Truck Driving Position Applying For: \_\_\_\_\_ Part Time: \_\_\_\_ Full Time: \_\_\_\_

How did you hear about us?

\_\_\_\_\_  
\_\_\_\_\_

Have you worked for Ernest Transport, LLC before? \_\_\_\_ What Position? \_\_\_\_\_

If yes, please provide the dates of previous employment: From \_\_\_\_\_ To \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

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## EDUCATION

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Graduated: YES \_\_ NO \_\_

College/Trade School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Graduated: YES \_\_ NO \_\_

Driving School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Graduated: YES \_\_ NO \_\_

\_\_\_\_



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## EMPLOYMENT HISTORY

Are you currently employed? YES \_\_\_ NO \_\_\_ If so, may we contact your present employer? YES \_\_\_ NO \_\_\_

If you are accepted for employment, when would you be available? \_\_\_\_\_

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, please provide resume.

Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



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**Have you ever been convicted of a felony?** (applicant is not required to disclose sealed and expunged records)

**If yes, please explain:** \_\_\_\_\_

**Have you ever been convicted of/or have pending DWI/DUI?** \_\_\_\_\_ **If yes, when?** \_\_\_\_\_

**Have you ever had Driver's License Suspended or Canceled?** YES \_\_\_ NO \_\_\_

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**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Ernest Transport, LLC to contact former employers. I authorize my former employers to fully and freely communicate information regarding my previous employment. I authorize those persons who will be designated as references to fully and freely communicate information regarding my previous employment and education.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

