



**APPLICATION FOR EMPLOYMENT**

*(Answer All Questions – Please Print)*

In compliance 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, or non-job related disability.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle Last

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

*List your addresses of residency for the preceding 3 years.*

Current Address \_\_\_\_\_  
Street City

State Zip Code How long? \_\_\_\_\_

Previous Addresses Street City State & Zip Code How long? \_\_\_\_\_

Street City State & Zip Code How long? \_\_\_\_\_

Street City State & Zip Code How long? \_\_\_\_\_

Street City State & Zip Code How long? \_\_\_\_\_

Do you have the legal right to work in the United States? Yes No Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required For Commercial Drivers)

Are you now employed? Yes No If no, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \$\_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied for? Yes No

If yes, explain if you wish \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle(s).

List employers in reverse order starting with the most recent. Add another sheet if necessary.

EMPLOYER	DATE
NAME	FROM / / TO / /
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	
SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO WAS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING? YES NO	REASON FOR LEAVING

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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding\*



Special courses or training that will help you as a driver \_\_\_\_\_

\_\_\_\_\_

Safe driving awards you hold and from whom \_\_\_\_\_

\_\_\_\_\_

Any trucking, transportation, or other experience that may help in your work for R.D. Mac, Inc. \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

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**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.

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 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 R.D. Mac, Inc.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Applicant's Signature**