



Office: (913) 281-4040
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DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

Name: _____ Today's Date: _____
FIRST MIDDLE LAST

Cell Phone #: _____ Home Phone #: _____ Email: _____

List Current Address, then previous addresses for last 3 years if applicable (continue on back if necessary)

Address: _____
and STREET CITY/STATE ZIP CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY/STATE ZIP CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY/STATE ZIP CODE FROM (YR) – TO (YR)

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Social Security #: _____

	STATE	LICENCE NO.	TYPE	EXPIRATION DATE
DRIVER LICENCE				
	LIST ANY ENDORSEMENTS			

CDL Physical Exam Expiration Date _____

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

How did you hear about us? _____

Have you ever worked for this company before? YES / NO If Yes, Dates: _____

Is there any reason you might be unable to perform the functions of a CDL driver in a safety-sensitive position as governed by FMCSA?

Y [] N []

If yes, please explain: _____

Applicant's Signature: _____

EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	CHARGES	INJURIES/FATALITIES
Most Recent Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME CITY

- A: Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES [] NO []
- B: Has any license, endorsement, or permit ever been suspended or revoked? YES [] NO []
- C: Have you failed or refused a DOT required drug or alcohol test? YES [] NO []
- D: Have you ever been convicted of a criminal offense (not including minor traffic violations)? YES [] NO []

If the answer to any above is YES, please explain: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/TRAILER - LOCAL				
TRACTOR/TRAILER - OTR				
TRACTOR w/ DOUBLES or TRIPLES				
FLATBED				
OTHER				

LIST CITIES/STATES OPERATED IN FOR LAST FIVE YEARS: _____

LIST ANY SPECIAL COURSES OR TRAINING: _____

LIST ANY SAFE DRIVING AWARDS IF APPLICABLE: _____

Applicant's Signature: _____

EMPLOYMENT HISTORY

Please provide the following information on all employers during the **last 10 years**. Add another sheet or use back if necessary.

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City/State: Zip Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements? YES / NO	
EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City/State: Zip Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements? YES / NO	
EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City/State: Zip Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements? YES / NO	
EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City/State: Zip Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements? YES / NO	
EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City/State: Zip Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements? YES / NO	

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Y [] N [] IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON BELOW.

Applicant's Signature: _____

REFERENCES

Please list at least one personal and one work-related reference who can comment on your safety habits.

Reference #1 (work related)

Name _____ Phone # _____ Email _____

How long have you known this person, and how do you know him/her? _____

Reference #2 (personal or work related)

Name _____ Phone # _____ Email _____

How long have you known this person, and how do you know him/her? _____

Is there any other information you would like to share as part of your employment application? If so, write it here: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on 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, including MVR, reference checks, prior employment checks. I hereby release employers, 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 further understand that I am required to abide by all rules and regulations of the company, the FMCSA, and the state/federal DOT.

_____ **Date**

_____ **Signature**

Our Company is committed to the principles of equal employment. We are committed to complying with all federal, state, and local laws providing equal employment opportunities, and all other employment laws and regulations. It is our intent to maintain a work environment which is free of harassment, discrimination, or retaliation because of age, race, color, national origin, ancestry, religion, sex, pregnancy (including childbirth, lactation and related medical conditions), physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed servicemember status, or any other status protected by federal, state, or local laws. The Company is dedicated to the fulfillment of this policy regarding all aspects of employment, including but not limited to recruiting, hiring, placement, transfer, training, promotion, rates of pay, and other compensation, termination, and all other terms, conditions, and privileges of employment.