



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name		Date	
Current Address			
Phone Number			
Are you 18 years or older?	YES	NO	

EMPLOYMENT DESIRED

Position	<input type="checkbox"/> Log Truck <input type="checkbox"/> Chip Van <input type="checkbox"/> Mechanic <input type="checkbox"/> Other: _____		
Availability	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Expected Rate of Pay		Are you employed now?	Y / N
May we contact your present employer?	YES	NO	
Have you ever worked for this company before?	YES	NO	
If yes, please provide dates employed:			

EDUCATION

School Name & Location	Course of Study	Graduate

GENERAL

Have you ever been convicted of a felony?	
<i>If yes, please explain fully below. If you need more space, please attach a separate piece of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.</i>	

FORMER EMPLOYERS

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) 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 in excess of one (1) month must be explained. Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT/MOST RECENT EMPLOYER

Company Name			
Phone Number			
Address			
Position Held			
Start Date		End Date	
Salary			
Reason for Leaving			
Explain any gaps in employment (include month/year & reason)			

SECOND MOST RECENT EMPLOYER

Company Name			
Phone Number			
Address			
Position Held			
Start Date		End Date	
Salary			
Reason for Leaving			
Explain any gaps in employment (include month/year & reason)			

THIRD MOST RECENT EMPLOYER

Company Name			
Phone Number			
Address			
Position Held			
Start Date		End Date	
Salary			
Reason for Leaving			
Explain any gaps in employment (include month/year & reason)			

DRIVER EXPERIENCE AND QUALIFICATION

Answer questions in this section only if you are applying for a driver position

§391.21 (b)(2) Federal Motor Carrier Safety Administration (FMCSA) requires that driver applicants state their date of birth and social security number.

DOB:		SSN:	
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Drivers licenses held in the past three years must be shown:

State	License No.	Type/Class	Endorsement(s)	Expiration Date

Please circle 'Yes' or 'No' for the following questions. If you answer 'Yes' to any of the following three questions, please attach a statement giving details.

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Y / N
Has any license, permit, or privilege ever been suspended or revoked?	Y / N
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?	Y / N

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Date From	Date To	Approx # Miles (Total)
Straight Truck				
Tractor & Semi Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach an additional sheet if more space is needed.

Check this box if none

Dates	Nature of accident (Head-on, rear-end, upset, etc)	# Fatalities	# Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

Check this box if none

Date Convicted (Mo/Yr)	Violation	State	Penalty (Forfeited bond, collateral, and/or points)

TO BE READ AND SIGNED BY THE APPLICANT

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer(s) may be grounds for not employing me or for dismissing me after I begin work. I understand that if offered employment, it may be conditioned on the result of a physical examination and a drug and/or alcohol test which will be paid for by the company.

Applicant Signature	
Date Signed	