

IF NECESSARY FOR THE JOB, I CAN:

Work overtime: YES NO Work Weekends YES NO Overnight YES NO
 Work the following Shifts: Any Day Night Swing Rotating Split Graveyard

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School: 1 2 3 4 Did You Graduate? YES NO

Last School Attended Name: _____ City: _____ State: _____

College: 1 2 3 4 Did You Graduate? YES NO Degree: _____

Last School Attended (Name) _____ City _____ State _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____ Type of Discharge: _____ Rank at Discharge: _____

If other than honorable, explain

LIST THREE PROFESSIONAL REFERENCES. (Not relatives or former supervisors)

Name		Relationship
Company	Phone: ()	Email:
Name		Relationship
Company	Phone: ()	Email:
Name		Relationship
Company	Phone: ()	Email:

PROFESSIONAL CERTIFICATION & SAFETY CARDS

Professional Certifications	Latest Certification Date
1.	
2.	
3.	
4.	

Professional Certifications	Latest Certifications Date
5.	
6.	
7.	
8.	

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
Name			From:		To:	
			Month	Year	Month	Year
Address			Position Held			
City	State	Zip	Salary/Wages			
Contact Person			Phone #		Reason For Leaving	
Were You Subject to FMCSRs While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was Your Job Designated As A Safety-Sensitive Function In Any DOT – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYER			DATE			
Name			From:		To:	
			Month	Year	Month	Year
Address			Position Held			
City	State	Zip	Salary/Wages			
Contact Person			Phone #		Reason For Leaving	
Were You Subject to FMCSRs While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was Your Job Designated As A Safety-Sensitive Function In Any DOT – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYER			DATE			
Name			From:		To:	
			Month	Year	Month	Year
Address			Position Held			
City	State	Zip	Salary/Wages			
Contact Person			Phone #		Reason For Leaving	
Were You Subject to FMCSRs While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was Your Job Designated As A Safety-Sensitive Function In Any DOT – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:

- (1) weighs or has a GVWR of 10,001 pounds or more,
- (2) is designed or used to transport more than 8 passengers (including the driver), or
- (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD For Past 3 Years Or More (Attach Sheet Is More Space Is Needed) If More, Write None

Dates	Nature Of Accident (Head-On, Rear-End, Upsent, Etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS & Forfeitures For The Past 3 Years (Other Than Parking Violations)) If None, Write None

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVERS List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	State	License No.	Type	Expiration Date

A. Having you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either A or B is YES, Give details _____

(Required For Commercial Drivers) Date Of Birth ____ / ____ / ____ Can You Provide Proof Of Age? _____

DRIVING EXPERIENCES Check Yes or No

Class Of Equipment	Circle Type Of Equipment	Dates		Approx No Of Miles (Total)
		From(M/Y)	To(M/Y)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Cump Refer			
Tractor And Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Cump Refer			
Tractor- Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Cump Refer			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More Than 8 Passengers			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More Than 15 Passengers			
Other				

Date CDL was issued (required): _____

List States Operated in Four Last Five Years: _____

ON REVERSE OF THE SHEET LIST:

- (1) Which safe driving awards do you hold and from whom?
- (2) Show special courses or training that will help you as a driver
- (3) Any trucking, transportation or other experience that may help in your work for this company.
- (4) List courses and training other than shown elsewhere in this application.
- (5) List special equipment or technical materials you can work with (not already shown above).

TO BE READ AND SIGNED BY ALL APPLICANT

Disclaimer and Signature

As part of our procedure for processing your employment application, your personal & employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination &/or a drug test, or to sign a conflict of interest agreement & abide by its terms. I understand & agree to the information shown above.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO BEST OF MY KNOWLEDGE

Signature: _____ Date: ____/____/____