



**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

All driver's applicants must provide information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

*(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)*

EMPLOYER	DATE			
Name	From:		To:	
	Month	Year	Month	Year
Address	Position Held			
City <span style="float: right;">State      Zip</span>	Salary/Wages			
Contact Person <span style="float: right;">Phone #</span>	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 <span style="float: right;">State      Zip</span>	Salary/Wages			
Contact Person <span style="float: right;">Phone #</span>	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 <span style="float: right;">State      Zip</span>	Salary/Wages			
Contact Person <span style="float: right;">Phone #</span>	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
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				

### INFORMATION TO THE 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_