

# D.E.H. TRUCKING

INC.

Cleveland, MS

662-843-3217

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Phone Number \_\_\_\_\_ Driving Experience (Number of Years) \_\_\_\_\_

List your addresses of residency for the past 3 years:

Current Address \_\_\_\_\_

Street City State & Zip Code How Long?

Previous Address \_\_\_\_\_  
Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

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, veteran status, non-job related disability, or any other protected group status.

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

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employments? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_

\*\*\*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_

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

\_\_\_\_\_

In the event of employment, false or misleading information given in this application or interview(s) may result in discharge.

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

| Employer  |       |     | Date                |    |      |
|---|-------|-----|---------------------|----|------|
| Name  |       |     | From:               | MO | YEAR |
|   |       |     | TO:                 | MO | YEAR |
| Address   |       |     | Position Held       |    |      |
| City  | State | Zip | Salary/Wage         |    |      |
| Contact Person  |       |     | Phone Number        |    |      |
|   |       |     | Reason for leaving: |    |      |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO |       |     |                     |    |      |

| Employer  |       |     | Date                |    |      |
|---|-------|-----|---------------------|----|------|
| Name  |       |     | From:               | MO | YEAR |
|   |       |     | TO:                 | MO | YEAR |
| Address   |       |     | Position Held       |    |      |
| City  | State | Zip | Salary/Wage         |    |      |
| Contact Person  |       |     | Phone Number        |    |      |
|   |       |     | Reason for leaving: |    |      |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO |       |     |                     |    |      |

| Employer  |       |     | Date                |    |      |
|---|-------|-----|---------------------|----|------|
| Name  |       |     | From:               | MO | YEAR |
|   |       |     | TO:                 | MO | YEAR |
| Address   |       |     | Position Held       |    |      |
| City  | State | Zip | Salary/Wage         |    |      |
| Contact Person  |       |     | Phone Number        |    |      |
|   |       |     | Reason for leaving: |    |      |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO |       |     |                     |    |      |

| Employer  |       |              | Date                |    |      |
|---|-------|--------------|---------------------|----|------|
| Name  |       |              | From:               | MO | YEAR |
|   |       |              | TO:                 | MO | YEAR |
| Address   |       |              | Position Held       |    |      |
| City  | State | Zip          | Salary/Wage         |    |      |
| Contact Person  |       | Phone Number | Reason for leaving: |    |      |
| WERE YOU SUBJECT TO THE 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:               | MO | YEAR |
|   |       |              | TO:                 | MO | YEAR |
| Address   |       |              | Position Held       |    |      |
| City  | State | Zip          | Salary/Wage         |    |      |
| Contact Person  |       | Phone Number | Reason for leaving: |    |      |
| WERE YOU SUBJECT TO THE 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, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) 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 8 or more 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 IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

| DATES         | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, BTC) | FATALITIES | INJURIES | HAZARDOUS<br>MATERIAL SPILL |
|---------------|---|------------|----------|-----------------------------|
| LAST ACCIDENT |   |            |          |                             |
| NEXT PREVIOUS |   |            |          |                             |
| NEXT PREVIOUS |   |            |          |                             |

TRAFFIC CONVICTIONS AND 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 - DRIVER**

List all driver licenses or permits held in the past 3 years.

|                            | STATE | LICENSES NO. | TYPE | EXPIRATION DATE |
|----------------------------|-------|--------------|------|-----------------|
| <b>DRIVER<br/>LICENSES</b> |       |              |      |                 |
|                            |       |              |      |                 |
|                            |       |              |      |                 |

A. Have 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 \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

| CLASS OF EQUIPMENT   | CIRCLE TYPE OF EQUIPMENT       | DATES<br>FROM/TO<br>MO / YEAR | APPROX. NO.<br>OF MILES<br>(TOTAL) |  |
|--|--------------------------------|-------------------------------|------------------------------------|--|
| Straight Truck <input type="radio"/> YES <input type="radio"/> NO                                    | (VAN, TANK, FLAT, DUMP, REFER) |                               |                                    |  |
| Tractor & Semi Trailer <input type="radio"/> YES <input type="radio"/> NO                            | (VAN, TANK, FLAT, DUMP, REFER) |                               |                                    |  |
| Tractor - Two Trailers <input type="radio"/> YES <input type="radio"/> NO                            | (VAN, TANK, FLAT, DUMP, REFER) |                               |                                    |  |
| Tractor - Three Trailers <input type="radio"/> YES <input type="radio"/> NO                          | (VAN, TANK, FLAT, DUMP, REFER) |                               |                                    |  |
| Motorcoach - School Bus <input type="radio"/> YES <input type="radio"/> NO - More than 16 passengers |                                |                               |                                    |  |
| Motorcoach - School Bus <input type="radio"/> YES <input type="radio"/> NO - More than 8 passengers  |                                |                               |                                    |  |

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: \_\_\_\_\_  
\_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_  
\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

CIRCLE 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, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY THE 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.

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

To comply with 40.25

As an employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for:

In compliance with the above rule:

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer?

YES ☐

NO ☐

And

Notice to all drivers

By notification of our insurance company and Federal Motor Carrier Safety Administration as noted in Subpart G 392.60.

No passengers are allowed to ride in or enter into any vehicle owned or leased by or to D. E. H. Trucking, Inc.

I fully understand and agree that I will not allow passengers in my vehicle while under lease or in the employment of D. E. H. Trucking, Inc.

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Signature

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Date