

COMMERCIAL DRIVER APPLICATION

Company: EFI Logistics

Address: 304 N. Main ST

City: Red Oak State Texas Zip 75154

APPLICANT INFORMATION

DATE: _____ Position applying for: ____ Contractor ____ Driver ____ Contractor's Driver

NAME: _____

PHONE: _____ EMERGENCY PHONE: _____

AGE: _____ DATE OF BIRTH: _____ SS#: _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age)

PHYSICAL EXAM EXPIRATION DATE: _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? ____ YES ____ NO

If yes, give dates: From: _____ To: _____

Reason for leaving: _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Postgraduate: 1 2 3 4

EMPLOYMENT HISTORY

Give a **COMPLETE RECORD** of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____

From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone _____

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

Mo/Yr Mo/Yr Present or Last Employer
From To Name
Position Held Address
Reason for leaving Company phone

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

Mo/Yr Mo/Yr Present or Last Employer
From To Name
Position Held Address
Reason for leaving Company phone

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

Mo/Yr Mo/Yr Present or Last Employer
From To Name
Position Held Address
Reason for leaving Company phone

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

Mo/Yr Mo/Yr Present or Last Employer
From To Name
Position Held Address
Reason for leaving Company phone

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

(Attach additional sheets for 10-year history, if needed)

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone _____

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone _____

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone _____

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone _____

Were you subject to the FMCRs while employed here? ____ Yes ____ 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? ____ Yes ____ No

(Attach additional sheets for 10-year history, if needed)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailer			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three (3) years):

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ____ Yes ____ No

Has any license, permit or privilege ever been suspended or revoked? ____ Yes ____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?
____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

If the answer to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood than this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired. I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks: (For office use only)

Criminal Background Check Release

I, the undersigned, do hereby authorize Quest Diagnostics and its agents to prepare an investigate report on my background. I authorize any persons or institutions contacted to furnish Quest Diagnostics or its agents any information they have concerning any criminal and/or motor vehicle conviction records. My signature below indicates my understanding and acceptance of all the above terms and stipulation.

Date of Release _____ Signature _____

First Name _____ Middle _____ Last _____ Maiden _____

Driver's License Number _____ State of Issue _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

Drug Screen Authorization and Consent

I, the undersigned, do hereby authorize Quest Diagnostics to conduct a drug screen. This screen will include transferring a specimen of my urine and/or blood to a laboratory for screening test for the presence of illegal drugs, alcohol or prescription medication taken without a prescription. My signature below indicates my understanding and acceptance if all of the above terms and stipulations.

Applicant's Signature _____ Date _____