

## Addendum # 5

Date: June 1, 2014

# DRIVERS APPLICATION FOR EMPLOYMENT

Applicant name \_\_\_\_\_ Date of application \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

### TO BE READ AND SIGNED BY APPLICANT

- > I authorize you to make such investigations and inquiries on my personal, employment, financial and medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after conditional offer of appointment has been extended.)
- > I hereby release employers, schools, Health care providers and other persons from all liability in responding to inquiries and releasing information relating to my application.
- > In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.
- > I understand that information I provided regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:
  - > Review information provided by previous employers:
  - > Have errors in the information corrected by previous employers and for those previous employers to resend the correct information to the prospective employer; and
  - > Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

**FOR COMPANY USE**

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date employed \_\_\_\_\_ Point employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

(If rejected, summary report of reasons should be placed in file)

Signature of interviewing officer \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date terminated \_\_\_\_\_ Department released from \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily quit \_\_\_\_\_ Other \_\_\_\_\_

Termination report placed in the file \_\_\_\_\_ Supervisor \_\_\_\_\_

**(Answer all questions - please print)**

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Social Security number

**List your addresses of residency for the past 3 years.**

Current address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ How long? \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ (yr./mo.)

**Previous Addresses:**

\_\_\_\_\_ Phone \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & ZIP Code \_\_\_\_\_ (yr./mo.)

\_\_\_\_\_ Phone \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & ZIP Code \_\_\_\_\_ (yr./mo.)

\_\_\_\_\_ Phone \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & ZIP Code \_\_\_\_\_ (yr./mo.)

\_\_\_\_\_ Phone \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & ZIP Code \_\_\_\_\_ (yr./mo.)

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

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide prove of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked in this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

(answer only if Job requirement)

Have you ever been convicted of felony? \_\_\_\_\_

If yes, please explain fully on 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( as described in the attached job description)? \_\_\_\_\_

If yes, explain if you wish.

\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT HISTORY

●All driver’s applicants to drive in 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.

●Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER		DATE	
NAME	FROM MO.	YR.	TO MO.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO			
Was your job designated as 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.	YR.	TO MO.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO			
Was your job designated as 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.	YR.	TO MO.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO			
Was your job designated as 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.	YR.	TO MO.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO			
Was your job designated as 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.                      YR.	TO MO.                      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/ WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
Was your job designated as 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.                      YR.	TO MO.                      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/ WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
Was your job designated as 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.                      YR.	TO MO.                      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/ WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WHERE ARE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
Was your job designated as 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				

- Includes vehicles having a GVWR of 26,000 lbs. or more, vehicles design it to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in quantity required placarding.
- The Federal motor carrier safety regulations ( FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed to use to transport more then eight passengers (including the driver), Or(3) is off 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 (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					
NEXT PREVIOUS					

**TRAFFIC CONVICTIONS AND FORFEITURES FOR 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**

Driver's licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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 \_\_\_\_\_

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**DRIVING EXPERIENCE (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="radio"/> YES <input type="radio"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND 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 8 passengers			
MOTORCOACH – SCHOOL BUS	<input type="radio"/> YES <input type="radio"/> NO		More than 15 passengers		
OTHER					

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

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

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WHICH SAFE DRIVING AWARDS DO YOU HOLD IN AND FROM WHOM?

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**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY OF ME HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAT SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (other than those already shown)

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**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 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 knowledge.

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