

DRIVER'S APPLICATION FOR EMPLOYMENT

Company _____
Address _____
City _____ State _____ Zip _____

(answer all questions-please print)

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.

Date of Application _____

Position Applied for _____

Name _____

List your addresses of residency for the past 3 years.

Current Address			
Street	City	How Long?	_____
_____	_____	_____	_____
State	Zip Code	Phone	yr./mo
_____	_____	_____	_____
Previous Addresses			
Street	City	State & Zip Code	How Long?
_____	_____	_____	_____
Street	City	State & Zip Code	How Long?
_____	_____	_____	_____
Street	City	State & Zip Code	How Long?
_____	_____	_____	_____
Street	City	State & Zip Code	How Long?
_____	_____	_____	_____

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

Date of Birth _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving your last employment? _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been bonded? _____ Name of bonding company? _____

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.

Emergency Contact Person _____
NAME RELATIONSHIP PHONE NUMBER

EMPLOYMENT HISTORY

All 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 reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
			FROM	TO
NAME _____	_____	_____	_____	_____
ADDRESS _____	_____	_____	POSITION HELD _____	_____
CITY _____	STATE _____	ZIP CODE _____	SALARY/WAGE _____	_____
CONTACT PERSON _____	_____	PHONE # _____	REASON FOR LEAVING _____	_____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			_____	

EMPLOYER			DATE	
			FROM	TO
NAME _____	_____	_____	_____	_____
ADDRESS _____	_____	_____	POSITION HELD _____	_____
CITY _____	STATE _____	ZIP CODE _____	SALARY/WAGE _____	_____
CONTACT PERSON _____	_____	PHONE # _____	REASON FOR LEAVING _____	_____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			_____	

EMPLOYER			DATE	
			FROM	TO
NAME _____	_____	_____	_____	_____
ADDRESS _____	_____	_____	POSITION HELD _____	_____
CITY _____	STATE _____	ZIP CODE _____	SALARY/WAGE _____	_____
CONTACT PERSON _____	_____	PHONE # _____	REASON FOR LEAVING _____	_____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			_____	

EMPLOYER			DATE	
			FROM	TO
NAME _____	_____	_____	_____	_____
ADDRESS _____	_____	_____	POSITION HELD _____	_____
CITY _____	STATE _____	ZIP CODE _____	SALARY/WAGE _____	_____
CONTACT PERSON _____	_____	PHONE # _____	REASON FOR LEAVING _____	_____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			_____	

* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE 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
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)

EDUCATION

CHECK HIGHEST GRADE COMPLETED: HIGH SCHOOL: COLLEGE:

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 BELOW

DRIVING EXPERIENCE CHECK ALL THAT APPLY

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
<input type="checkbox"/> STRAIGHT TRUCK				
<input type="checkbox"/> TRACTOR AND SEMI-TRAILER				
<input type="checkbox"/> TRACTOR - TWO TRAILERS				
<input type="checkbox"/> MOTORCOACH - SCHOOL BUS				
<input type="checkbox"/> OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS

LIST STATES OPERATED IN FOR 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, TRAINING or CERTIFICATIONS THAT YOU MAY HAVE OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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 my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or 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 a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with 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.

DATE _____

APPLICANTS SIGNATURE _____

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1.APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.INTERVIEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.PAST EMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.WRITTEN EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.ROAD TEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.CRIMINAL AND TRAFFIC CONVICTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER: _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER: _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER: _____

FROM: _____ TO: _____

DATE: _____

REASON FOR TRANSFER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

DEPARTMENT RELEASED FROM _____

DISMISSED _____

VOLUNTARILY QUIT _____

OTHER _____

TERMINATION REPORT PLACED IN FILE _____

SUPERVISOR _____