

APPLICATION TO BE COMPLETED

Position(s) Applied for: _____

Name: _____ Social Security No. _____
Last First Middle

Phone Number: _____ Email Address: _____

List your addresses of residency for the past 3 years.

Current Address: _____ City: _____
State: _____ Zip Code: _____ How long? _____

Previous Address: _____ City: _____
State: _____ Zip Code: _____ How long? _____

Previous Address: _____ City: _____
State: _____ Zip Code: _____ How long? _____

Previous Address: _____ City: _____
State: _____ Zip Code: _____ How long? _____

Previous Address: _____ 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? Y N

If yes, what dates? From: _____ To: _____ Pay Rate: _____ Position: _____

Reason for Leaving: _____

Are you now employed? Y N If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected: _____

Can you perform, with or without reasonable accommodation, the essential functions of the job? (Truck Driver)

(CONTINUE ON NEXT PAGE)

EMPLOYMENT HISTORY

All driver 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 if necessary.)

EMPLOYER	DATE
Name:	From: / To: /
Address:	Position:
City: State: Zip Code:	Salary/Wage:
Reason for Leaving:	
Contact Person:	Phone Number:
Email Address:	
Were you subject to the FMCSRs** while employed? Y N	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Y N	

EMPLOYER	DATE
Name:	From: / To: /
Address:	Position:
City: State: Zip Code:	Salary/Wage:
Reason for Leaving:	
Contact Person:	Phone Number:
Email Address:	
Were you subject to the FMCSRs** while employed? Y N	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Y N	

EMPLOYER	DATE
Name:	From: / To: /
Address:	Position:
City: State: Zip Code:	Salary/Wage:
Reason for Leaving:	
Contact Person:	Phone Number:
Email Address:	
Were you subject to the FMCSRs** while employed? Y N	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Y N	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designated to transport 16 or more passengers (including the driver), 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 lbs. or more, (2) is designed or used to transport more than 8 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 the past three years or more (Attach sheet if more space is needed). If none, write **NONE**.

Date of Accident	Type of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill

Traffic Convictions – and forfeitures for the past 3 years (other than parking violations). If none, write **NONE**.

Date	Location	Charge	Penalty

EDUCATION

What is the highest grade you completed? _____

Last school attended? _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

State	License No.	Class	Endorsement(s)	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

2. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either (1) or (2) is YES, please explain: _____

Driving Experience – Check YES or NO

Class of Equipment	Circle Type of Equipment	Dates	
		From (mm/yy)	To (mm/yy)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer		
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer		
Tractor-Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer		
Tractor-Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer		
Motorcoach-School Bus (8+ passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	-		
Motorcoach-School Bus (15+ passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	-		
Other:			

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? _____

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)

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 completed to the best of my knowledge.

Signature: _____ Date: _____