

Application for Employment

please email the application to:
info@stseco.net

Last Name _____ First _____ Middle _____ SSN _____

Date of Birth (MM/DD/YY) ____/____/____

Current Address _____ City _____ State _____ ZIP _____

List any other addresses at which you have resided during the past 3 years:

Address _____ City _____ State _____ ZIP _____ From ____/____ to ____/____

Address _____ City _____ State _____ ZIP _____ From ____/____ to ____/____

Address _____ City _____ State _____ ZIP _____ From ____/____ to ____/____

Address _____ City _____ State _____ ZIP _____ From ____/____ to ____/____

Phone (____) _____ - _____ County of Residence _____

Position Applying For _____ Temporary _____ Part Time _____ Full Time _____

Days/hours available to work:

No Preference	Thurs
Mon	Fri
Tue	Sat
Wed	Sun

Who referred you? _____ Rate of Pay Expected _____

Are you currently employed? _____ If not, how long since leaving last employment? _____ Yr(s) _____ (Mos.)

Education

Highest Grade Completed _____

Last School Attended _____ City _____ State _____

General

Have you ever been convicted of a felony? _____ (If yes, please explain fully in the comments section in the back of this application. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.)

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, when? _____

Are you authorized to work in the United States? _____

Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 driver's applicants must also show commercial driver employment for the seven years immediately preceding this three-year period. 391.21(b)(10), (11).

Start with the current or most recent position, including military experience.

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

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Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Driver Experience and Qualification

State	License Number	Type	Expiration Date

Driver licenses held in the past 3 years must be shown.

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 ____
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ____

If you answered "Yes" to any of the above, give details in the comments section in the back of this application.

Driving Experience

Class of Equipment	Types of Equipment (Van, Flat, Tank, etc)	From	To	Approximate Miles
Sedan				
Minivan				
Wheelchair Van				
Other				

List states operated in during the last 5 years _____

List special courses or training that will help you as a driver _____

List safe driving awards held and who presented the awards _____

Accident Review for Past 3 Years

Dates (Most Recent First)	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years Other than Parking Violations

Location	Date	Charge	Penalty

Note: If you need additional space for the accident portion or traffic violations, please note them in the other comments section in the back of this application.

Applicant must read and sign.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I hereby release Swift Transportation Service, LLC, its officers, employees, directors, affiliates and attorneys and any other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

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

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

I also understand that misrepresentation or omission of information of facts may result in my rejection or dismissal. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

If hired, I agree to abide by all the results and policies of my employer.

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. This also certifies that I have received a copy of the job description and company policies and all questions have been answered to my satisfaction.

Applicant Signature _____ Date _____