Employment Application

Position Applied For



First Name	Middle Name	Last Name	
Phone			
Current Address			
Street			
City	State	7ID	

Previous Address

Street

City State ZIP

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

Date of birth Can you provide proof of age?

Have you worked for this company before?

Where? Employed from Employed thru

Rate of pay Position

Reason for leaving

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

Who referred?

Have you ever been bonded? Name of bonding company

Is there any reason you may be unable to perform the function of this job?

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 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 of information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

Employer (Most recent)				
First Name	Last Name	!		
Street				
City	State		ZIP	
Contact			Phone	
Employed from Employed through				
Position held Salary/wage				
Reason for leaving				
Were you subject to FMCSRs** while employed?				
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?

Employer					
First Name	Last Name				
Street					
City	State	ZIP			
Contact		Phone			
Employed from		Employed through			
Position held Salary/wage					
Reason for leaving					
Were you subject to FMCSRs** while employed?					
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?					

Employer				
First Name	Last Name	!		
Street				
City	State		ZIP	
Contact			Phone	
Employed from		Employed	through	
Position held		Salary/wa	ge	
Reason for leaving				
Were you subject to FMCSRs** w	hile employed?			
Was your job designated as a s to the drug and alcohol testing	•	•	· · · · · · · · · · · · · · · · · · ·	
Employer				
First Name	Last Name	!		
Street				
City	State		ZIP	
Contact			Phone	
Employed from		Employed	through	
Position held		Salary/wa	ge	
Reason for leaving				
Were you subject to FMCSRs** while employed?				
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?				

^{*}Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed 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 pounds 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.

	Experience	and	Qualifications	- Driver
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Drivers licenses or permits held in the past 3 years

License/permits

State License No. Class

Endorsement(s) Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle
- B. Has any license, permit or privilege to operate a motor vehicle?

Driving experience

Straight Truck					
Type of equipm	ent				
Van	Tank	Flat	Dump	Refer	
Date from	Da	Date Thru		Approx. No. of miles (Total)	

Tractor-two trailers					
Type of equipment					
Van	Tank	Flat	Dump	Refer	
Date from	Date Thru		Approx. No. of	Approx. No. of miles (Total)	

Tractor-three trailers					
Type of equipme	ent				
Van	Tank	Flat	Dump	Refer	
Date from	D	Date Thru		Approx. No. of miles (Total)	

Motor coach - School Bus (More than 8 passengers)		
Date from	Date Thru	Approx. No. of miles (Total)

Other driving experience

List states operated in for the last five years

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

Which safe driving awards do you hold and from whom

Education

Highest grade completed

College Major

Last school attended

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. I understand that the information I have provided regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of 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 re-send the corrected 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.

I have read and understand the above information

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

Once application is complete, making sure that all red outlined items are filled in, save and email to shalynp@wagnertruckinginc.com