DATO Transport LLC

**Application for Employment**

**Date:**

**Applicant Name:**

Last, First Middle

Cell Phone Number: Home:

Social Security Number: D.O.B.

**Address:**

Street City State Zip Code

**Position Applying for:** **⬜ Temporary ⬜ Part Time ⬜ Full Time**

Who Referred You? Rate of Pay Expected

**Have you ever worked for Sincere Carriers before?** ⬜ No ⬜ Yes Dates: to

Month/Year Month/Year

If Yes, Rate of Pay: Reason for Leaving:

Names of relatives employed by this company:

**Are you currently employed? ⬜ Yes ⬜ No** If not, how long since leaving last employment?

**EDUCATION**

**Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4**

**Last School Attended:**

Name Address City, State

**MILITARY EXPERIENCE**

**Have you ever served in the U.S. Armed Forces? ⬜** Yes **⬜** No If yes, which branch of service:

Describe any military training received to the position for which you are applying:

Are you currently serving in Military Reserves? **⬜** Yes **⬜** No Are you currently serving in National Guards? **⬜** Yes **⬜** No

**GENERAL**

**Have you ever been bonded?** **⬜** Yes **⬜** No - Name **of bonding Company:**

**Have you ever been convicted of a felony? ⬜ Yes ⬜ No If** yes, please explain:

**Conviction of a crime is NOT an automatic bar from employment – all circumstances will be considered**

**DRIVER EXPERIENCE AND QUALIFICATIONS**

The Federal Motor Carrier Safety Regulations (49CPR391.21 (b) (2) requires that driver applicants state their date of birth and SS #

**Date of Birth:** / /  **Social Security Number:** - -

Month / Day/ Year

**PHYSICAL HISTORY**

**Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.**

Date of last Department of Transportation prescribed examination:

Can you provide a copy: **⬜** Yes **⬜** No

Have you ever been granted a waiver under section 391.49 of the Federal Motor Car-Her Safety Regulations pertaining to the loss of foot, leg, hand or arm? **⬜** Yes **⬜** No

# **ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

**Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial driver’s license to answer the following questions:**

1. Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?

**⬜** Yes **⬜** No

1. Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered an employer for which you preformed safety-sensitive transportation work?

**⬜** Yes **⬜** No

1. If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the) DOT return-to-duty requirements? **⬜** Yes **⬜** No

**Applicant’s Signature**: **Date:**

Witnessed by: Date:

**DRIVER’S LICENSE INFORMATION**

**Please provide Driver’s License held in the past 3 years:**

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE** | **LICENSE NUMBER** | **TYPE** | **EXPIRATION DATE** |
|  |  |  |  |
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Have you ever been denied a license, permit or privilege to operate a motor vehicle?  **⬜** Yes **⬜** No

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? **⬜** Yes **⬜** No

Has your license, permits or privilege ever been suspended or revoked? **⬜** Yes **⬜** No

**If you answered yes to any of the questions, please explain:**

**DRIVING EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS OF EQUIPMENT** | **TYPE OF EQUIPMENT**  **(VAN, TANK, FLAT, ETC.)** | **DATE: FROM / TO** | **APPROXIMATE TOTAL MILES** |
| **STRAIGHT TRUCK** |  |  |  |
| **TRACTOR AND SEMI-TRAILER** |  |  |  |
| **TWIN** |  |  |  |
| **OTHER** |  |  |  |

List states operated in during the last five years:

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

List safe driving awards held and who awards were presented by:

**ACCIDENT HISTORY**

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **NATURE OF ACCIDENT**  **(HEAD-ON, REAR-END, UPSET, ETC)** | **# FATALITIES** | **# INJURIES** | **# VEHICLES TOWED** | **CITATION ISSUED** |
|  |  |  |  |  |  |
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**MOTOR VEHICLE DRIVING RECORD (MVR)**

**Traffic Convictions and Forfeitures for the past years other than parking violations.**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **LOCATION**  **CITY, STATE** | **CHARGE** | **PENALTY** |
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**EMPLOYMENT RECORD**

**Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for additional seven (7) years for a total often (10) years. Any gaps in employment must explained.**

Start with the last or current position, including any military experience, and work back. You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: Supervisor’s Name:

Address: Phone #:

From: To: Salary: Position:

Reason for Leaving: Can we contact this employer? ⬜ Yes / ⬜ No

Previous Employer: Supervisor’s Name:

Address: Phone #:

From: To: Salary: Position:

Reason for Leaving: Can we contact this employer? ⬜ Yes / ⬜ No

Previous Employer: Supervisor’s Name:

Address: Phone #:

From: To: Salary: Position:

Reason for Leaving: Can we contact this employer? ⬜ Yes / ⬜ No

Previous Employer: Supervisor’s Name:

Address: Phone #:

From: To: Salary: Position:

Reason for Leaving: Can we contact this employer? ⬜ Yes / ⬜ No

**Attach separate sheet if necessary**

# **APPLICANT MUST READ AND SIGN**

**I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his 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 arc pertinent to the job.**

**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, personal reputation, personal characteristics and mode of living.**

**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 or facts may result in my rejection or dismissal.**

**If hired, I agree to abide by all the rules and policies of the employer.**

**This certifies that I completed this application and that all entries on It and information in {t are true and complete to the best of my knowledge.**

**Date Applicant’s Signature**

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Applicant hired? ⬜ Yes / ⬜ No Date of Birth: (Month / Day / Year)

Date Employed: Point Employed:

Department: Classification:

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: Phone:

Address:

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Superior | Good | Fair | Below  Average | Poor | Written Record  on File |
| Application |  |  |  |  |  |  |
| Interview |  |  |  |  |  |  |
| Physical Exam |  |  |  |  |  |  |
| Past Employment |  |  |  |  |  |  |
| Written Exam |  |  |  |  |  |  |
| Policy & Traffic Record |  |  |  |  |  |  |

Signature of Interviewing Officer: Date:

**TERMINATION OF EMPLOYMENT**

Date Terminated: ⬜ Dismissed ⬜ Voluntary Quit ⬜ Other:

Supervisor: