



DRIVER'S APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip Code

Social Security No. _____ Date you can start: _____ Salary Required: _____

Who referred you? _____

List your addresses of residency for the past 3 years:

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

Previous
Addresses: _____
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? Yes No

Date of Birth _____ Can you provide proof of age? Yes No
(Required for Commercial Drivers)

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

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

Reason for leaving: _____

Are you employed now? Yes No

May we contact your present employer? Yes No If yes, give name: _____

Can you perform the essential functions of the job(s) for which you are applying? Yes No

Are you available to work FULL-TIME PART-TIME OVER-TIME

This Company is an equal employment opportunity employer. All applicants will be considered without regard to race, color religion, sex, sexual orientation, gender identity, pregnancy, age, national origin, mental or physical disability, veteran's status, marital status, use of the workers' compensation system or other protected status in accordance with applicable federal and state equal employment opportunity laws.

Have you pled guilty or been convicted of a felony? Yes No

If Yes, please provide the date and location of each conviction and a description of the offense:

Are you currently out on bail or awaiting trial on a pending criminal matter? Yes No

If Yes, please explain:

(Please note that a "yes" answer to the previous two questions will not bar you from consideration for employment)

EMPLOYMENT HISTORY

All applicants to drive a commercial motor vehicle are required to provide a minimum of ten (10) years employment history. List a minimum of your last four (4) jobs and a minimum of ten (10) years employment history. Start with your present or most recent job. DO NOT OMIT ANY JOB

| EMPLOYER | | | DATE | | | |
|---|-------|----------|--------------------|-----|-----|-----|
| NAME | | | From | | To | |
| ADDRESS | | | Mo. | Yr. | Mo. | Yr. |
| CITY | STATE | ZIP CODE | Position Held | | | |
| SUPERVISOR | | | Salary/Wage | | | |
| PHONE #: | | | Reason for Leaving | | | |
| What did you like most about your job? | | | | | | |
| What did you like least about your job? | | | | | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | From | | To | |
| ADDRESS | | | Mo. | Yr. | Mo. | Yr. |
| CITY | STATE | ZIP CODE | Position Held | | | |
| SUPERVISOR | | | Salary/Wage | | | |
| PHONE #: | | | Reason for Leaving | | | |
| What did you like most about your job? | | | | | | |
| What did you like least about your job? | | | | | | |

| EMPLOYER | | | DATE | |
|---|-------|----------|--------------------|---------|
| NAME | | | From | To |
| | | | Mo. Yr. | Mo. Yr. |
| ADDRESS | | | Position Held | |
| CITY | STATE | ZIP CODE | Salary/Wage | |
| SUPERVISOR | | | Reason for Leaving | |
| PHONE #: | | | | |
| What did you like most about your job? | | | | |
| What did you like least about your job? | | | | |
| EMPLOYER | | | DATE | |
| NAME | | | From | To |
| | | | Mo. Yr. | Mo. Yr. |
| ADDRESS | | | Position Held | |
| CITY | STATE | ZIP CODE | Salary/Wage | |
| SUPERVISOR | | | Reason for Leaving | |
| PHONE #: | | | | |
| What did you like most about your job? | | | | |
| What did you like least about your job? | | | | |
| EMPLOYER | | | DATE | |
| NAME | | | From | To |
| | | | Mo. Yr. | Mo. Yr. |
| ADDRESS | | | Position Held | |
| CITY | STATE | ZIP CODE | Salary/Wage | |
| SUPERVISOR | | | Reason for Leaving | |
| PHONE #: | | | | |
| What did you like most about your job? | | | | |
| What did you like least about your job? | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE.

| DATE | NATURE OF ACCIDENT (Head-on, Rear-end, etc.) | FATALITIES | INJURIES |
|------|---|------------|----------|
| | | | |
| | | | |
| | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(Attached sheet if more space is needed)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE : 1 2 3 4

LAST SCHOOL ATTENDED:

(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

| | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
| DRIVER LICENSES | | | | |
| | | | | |
| | | | | |

- 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, attach statement giving details

DRIVING EXPERIENCE if none, write none

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (Van, Tank, Flat, etc.) | DATES | | APPROXIMATE NUMBER Of Miles (total) |
|--------------------------|--|-------|-----|--|
| | | From: | To: | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI-TRAILER | | | | |
| TRACTOR-TWO TRAILERS | | | | |
| MOTORCOACH-SCHOOL BUS | | | | |
| OTHER | | | | |

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 and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

REFERENCES

List 3 non-relatives who are familiar with your qualifications and actual work history and ability.

| | <u>Name</u> | <u>Occupation/Relationship</u> | <u>Years Known</u> | <u>Telephone</u> |
|----|-------------|--------------------------------|--------------------|------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

TERMS OF EMPLOYMENT

Please Read the Following Statements Carefully Before Signing this Application. Only Those Applications That Are Signed and Dated Are Considered Valid. Acceptance of These Terms Is a Condition of Employment, and Any Applicant Not in Agreement with These Terms Should Not Seek a Position with this Company. If You Have Any Questions Regarding These Statements, Please Ask Them Before Signing this Application.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize each of the persons and organizations named in this application or provided by me as a reference to give you complete information and records regarding my employment, education, character and qualifications.

I understand that I may be offered employment conditioned upon me passing a urine test to detect drugs. I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. *I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement signed by the Company President, or collective bargaining agreement.*

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current individual written agreement signed by the Company President.

I have read, understand and agree with the above.

By: _____
Signature of Applicant

_____ Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.