

THIS APPLICATION IS GOOD FOR 60 DAYS

Applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, national origin, disability, sex, age, pregnancy, genetic information, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Employment Agency Other _____

Telephone () _____ Date of Birth _____ Can you provide proof of age?

Are you employed now? Yes No

On what date would you be available to work? _____

Are you available to work _____ Full-time _____ Part-time _____ Temporary _____ What Days? S M T W Th F Sa _____

Are you on a lay-off and subject to recall? Yes No

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate, for example, race, color, religion, sex, national origin, or any other protected characteristic):

Give the name, address and telephone number of three references who are not related to you and are not previous employers:

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 as necessary.)

EMPLOYER		DATES	
NAME		FROM MO	YR
		TO MO	YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATES	
NAME		FROM MO	YR
		TO MO	YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATES	
NAME		FROM MO	YR
		TO MO	YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATES	
NAME		FROM MO	YR
		TO MO	YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATES	
NAME		FROM MO	YR
		TO MO	YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

EMPLOYER		DATES	
NAME		FROM MO	YR
		TO MO	YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
		REASON FOR LEAVING	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A.) Have you ever been denied a license permit or privilege to a motor vehicle? Yes_____ No_____

B.) *Has any license permit or privilege ever been suspended or revoked? Yes_____ No_____

*IF THE ANSWER TO EITHER QUESTION "A" OR "B" IS YES, PLEASE ATTACH A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates From To	Approximate Number of Miles
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Straight Truck _____
Tractor & Semi-Trailer _____
Tractor – Two Trailers _____
Motorcoach – School Bus _____
Other _____

List states operated in for last 5 years _____

Show special courses of 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 trainings (other than those already shown)

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

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information may result in my immediate discharge if hired. I UNDERSTAND THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND, IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company to determine whether I can perform the job duties. In addition, a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigations.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole, or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date