CDL Driver's

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS GOOD FOR 60 DAYS

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

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. PLEASE PRINT Date of Application Position(s) Applied For Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Walk-In ___ Employment Agency Other Name ___ Last Middle Address City State Telephone (_ _ Date of Birth Can you provide proof of age? Have you ever filed an application here before? ____Yes ____No Have you ever been employed here before? ___Yes ____No Are you employed now? ____Yes ____No If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired. 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.)

	DATES					
NAME			FROM MO.	YR	MO	YR
			POSITION HE	7-10-0	1	
ADDRESS			. Control he			
CITY	STATE	ZIP				
CONTACT PERSON		PHONE NUMBER	REASON FOR	LEAVING		
CONTACT PERSON		THORE NEWSON				
	EVAN C	VED			DATES	
NAME	EMPLOYER		FROM		TO	
			MO.	YR.	MO.	YR
ADDRESS			POSITION HE	ald.		
CITY	STATE	ZIP			-	
CONTACT PERSON		PHONE NUMBER	REASON FOR	LEAVING		
CONTACT PERSON		PHONE NUMBER				
	EMPLO	VFB			DATES	
NAME	SMFLA	T EA	FROM		10	
. 1/2012			MO	YR	МО	YR
			POSITION H	ELD OLE		
ADDRESS CITY	STATE	ZIP	-		-	
SC 100 1		PHONE NUMBER	REASON FOR LEAVING			
CONTACT PERSON		PHONE NUMBER	, Local II			
					DATE	
NAME	EMPLOYER				DATES	
NAME			FROM MO	YR	MO	YR
			POSITION H	ELD		
ADDRESS	STATE	ZIP				
СПУ	SIAIE					
CONTACT PERSON	ACT PERSON PHONE NUMBER			R LEAVING		
	EMPLO	OYER			DATES	
NAME			FROM MO	YR	MO	YR
			POSITION H	ELD		
ADDRESS						
СПУ	STATE	ZIP				
CONTACT PERSON	ONTACT PERSON PHONE NUMBER			REASON FOR LEAVING		
	EMPL	DYER	FROM		DATES	
NAME			MO	YR.	MO	YR
			POSITION H	ELD		
ADDRESS						
CITY	STATE	ZIP				
		PHONE NUMBER	REASON FO	ME C CT A LITTANT		

^{*}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.

		URE OF ACCIDENT On, Rear-End, Upset, Etc	FATALITIES		INJURIES	
LAST ACCIDENT						
NEXT PREVIOUS						
NEXT PREVIOUS						
TRAFFIC CO	NVICTIONS AND F	ORFEITURES FOR THE PA		THAN PARKING	VIOLATIONS)	
LOCATIO	N	DATE	CHARGE		PENALTY	
		(ATTACH SHEET IF MOR	E SPACE IS NEEDED)			
		EDUCAT	TION			
		EDUCAI	IION			
RCLE HIGHEST GRA	DE COMPLETED: 1	2 3 4 5 6 7 8 9 10 11	12 COLLEGE: 1 2	3 4		
AST SCHOOL ATTEN						
	NAM	E		CITY		
	Į.	EXPERIENCE AND QUAL	IFICATIONS – DRIVER			
DRIVER	STATE	LICENSE NUMBI	ER	ТҮРЕ	EXPIRATION DATE	
LICENSES						
.) Have you ever be	en denied a license	permit or privilege to a mo	otor vehicle? Yes	No		
*Has any license	permit or privilege e	ever been suspended or rev	voked? Yes	No		
*IF THE ANS	WER TO EITHER QU	ESTION "A" OR "B" IS YES,	PLEASE ATTACH A STA	TEMENT GIVING	DETAILS	
II THE MISS						
	r	DRIVING EXPERIENCE (IF	NONE, WRITE NONE			
	Type of Equipr	ment	Dates	Approximate Number of Miles		
Class of Equipment	(Van, Tank, Fla	at, Etc) From	То			
Class of Equipment						
• •						
traight Truck_ ractor & Semi-Traile	er					
traight Truck_ ractor & Semi-Traile ractor – Two Traile	er					
ractor – Two Traile Motorcoach – Schoo	er rs I Bus					

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						