

## DRIVER Employment Application (answer all questions – please print)

LOCATION: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

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 connections 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 information I provide 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 current/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."

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

### APPLICANT INFORMATION (LIST ADDRESSES FOR PAST 3 YEARS, ATTACH ADDITIONAL SHEET IF NECESSARY)

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Street Address		Apartment/Unit #	
City	State	ZIP	
Street Address		Apartment/Unit #	
City	State	ZIP	
Date Available	Social Security No.	Date of Birth	Can you provide proof of age?
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
EDUCATION			
High School	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

### EMPLOYMENT HISTORY

All applicants wishing to drive interstate commerce must provide the following information on all employers during the preceding 3 years. You must give the same information for all employers for whom you have driven a commercial vehicle during the 7 years prior to the initial 3 years\* (total of 10 year employment record if applicable). **Attach another sheet if necessary.**

\*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 quantities requiring placarding.

**You are required to list the COMPLETE mailing address: street number & name, city, state and zip code.**

Company		Phone (    )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Were you subject to FMCSR's while employed by this employer? (For employment after October 29, 2004) (CDL)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? (For employment after October 29, 2004)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Were you subject to FMCSR's while employed by this employer? (For employment after October 29, 2004) (CDL)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? (For employment after October 29, 2004)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Were you subject to FMCSR's while employed by this employer? (For employment after October 29, 2004) (CDL)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? (For employment after October 29, 2004)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**EMPLOYMENT HISTORY CONTINUED**

All applicants wishing to drive interstate commerce must provide the following information on all employers during the preceding 3 years. You must give the same information for all employers for whom you have driven a commercial vehicle during the 7 years prior to the initial 3 years\* (total of 10 year employment record if applicable). **Attach another sheet if necessary.**

\*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 quantities requiring placarding.

**You are required to list the COMPLETE mailing address: street number & name, city, state and zip code.**

Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Were you subject to FMCSR's while employed by this employer? (For employment after October 29, 2004) (CDL)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? (For employment after October 29, 2004)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Were you subject to FMCSR's while employed by this employer? (For employment after October 29, 2004) (CDL)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? (For employment after October 29, 2004)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Were you subject to FMCSR's while employed by this employer? (For employment after October 29, 2004) (CDL)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? (For employment after October 29, 2004)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**ACCIDENT HISTORY (LIST ALL ACCIDENTS OCCURING IN ANY MOTOR VEHICLE IN PAST 3 YEARS)**

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions & Forfeitures OCCURING IN ANY MOTOR VEHICLE for the past 3 years (Other than parking violations) if none, write none.**

Location	Date	Charge	Penalty

**License Information**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

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, give details:

States operated in for last 5 years:

Special Courses or Training that will help you as a driver:

What safe driving awards do you hold and from whom?

**DRIVING EXPERIENCE – IF NONE, WRITE NONE**

Class of equipment	Type of equipment (Van, Tank, Flat, etc...)	Dates		Approx # of Miles (TOTAL)
		FROM	TO	
Straight Truck		Mo/Yr	Mo/Yr	
Tractor and Semi-Trailer		Mo/Yr	Mo/Yr	
Tractor-Two Trailers		Mo/Yr	Mo/Yr	
Motor coach-School Bus		Mo/Yr	Mo/Yr	
Other		Mo/Yr	Mo/Yr	

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

**REFERENCES Name and telephone number of 3 business/work references that are not related and are not previous supervisors**

Name	Telephone	Years known

**DISCLAIMER AND SIGNATURE**

It is understood and agreed upon that any misrepresentation or omission by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company if I have been employed. I give the Company the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, pre-employment physical and/or a post-employment offer drug-alcohol screening test. The Company is an Equal Opportunity Employer. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

**Do you have any of the following written agreements with your current or prior employers? If so, please indicate below:**

- Covenant not to compete (regardless of whether applicant believes it applies to any employment with Company or not)\*
- Non-solicitation or non-recruitment agreement\*
- Confidentiality and/or non-disclosure agreement\*
- Other - \_\_\_\_\_
- None

**Are you registered or do you have a contract with any Staffing Agency? Yes ( ) / No ( )**

If "yes", please list name and address of staffing agency: \_\_\_\_\_

**\*Please Provide a Copy of the Agreement at the Time of Your Interview**

- I further understand that I am not to disclose to the Company or its representatives any confidential information or trade secrets of my present or a prior employer and that I am not to engage in any conduct which would violate an agreement, if any, between me and my present or a prior employer.
- I understand that just as I am free to resign at any time, the Company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurances to the contrary. Unless I have a written agreement with the Company to the contrary, I understand that any employment with the Company will be at-will.
- By my signature below, I confirm that I am not applying for employment as a result of any direct or indirect solicitation or recruitment by the Company, its affiliates, or employees, but only as a result of my general knowledge of the Company, my general knowledge of employment opportunities with the Company, or from a general advertisement of job availability with the Company.

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.

Required Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_