

DRIVER APPLICATION



(answer all questions - please print)

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, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No _____
Last First Middle

List your addresses of residency for the past 3 years. Phone _____

Current Address _____
Street City Zip

Phone _____ How Long? _____
State Zip Code

Previous Addresses _____ How Long? _____
Street City State & Zip Code

How Long? _____
Street City State & Zip Code

How Long? _____
Street City State & Zip Code

How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Do you have a Drivers License? _____ From what state? _____ Drivers lic # _____

Have, you worked for or contracted to this company before? _____ Where? _____

Dates: From _____ TO _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you are applying?

If yes, explain if you wish. _____

Yes / No Were you subject to Federal Motor Carrier Safety Regulations at your previous employers?

Yes / No Was your job designated as a safety sensitive function and subject to CSAT (controlled substance and Alcohol testing) pursuant to Part 40?

EMPLOYMENT HISTORY
10 YEARS REQUIRED

(NOTE: **List employers**, self-employment, periods of unemployment and military service in reverse order **starting with the most recent**. Add another sheet as necessary.) All time must be accounted for.

EMPLOYER			DATE	
NAME			FROM Mo. YR.	TO Mo. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM Mo. YR.	TO Mo. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

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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)

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE:

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZMAT SPILL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC CONVICTION OTHER THAN PARKING DURING THE PAST 3 YEARS:

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL LICENSES HELD DURING THE PAST 3 YEARS:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? **Y / N**

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? **Y / N**

DETAILS _____

DRIVER EXPERIENCE

TYPE	DATE	MILES
VAN Y / N	_____/____	_____
STRAIGHT TRUCK/BOBTAIL Y / N	_____/____	_____
TRACTOR . TRAILER Y / N	_____/____	_____

STATES OPERATED IN DURING PAST 5 YEARS: _____

**DRIVER APPLICANTS
Effective October 30, 2004**

Previous employers of all **driver applicants** will be contacted for the purpose of investigating their safety performance history. Each applicant has the right to due process in challenging any of the information received from the previous employer.

Attach current DMV report no older than 30 days

TO BE READ AND SIGNED BY APPLICANT

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. 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 to 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 connection with my application. In the event I am hired, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant Signature