



DRIVER APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
<p>How Did You Learn About Us?</p> <p> <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other </p>	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)		

Best time and way to contact you: _____

If you are under 18 years of age, can you provide proof of your eligibility to work?..... Yes No

Have you ever filed an application with us before?..... Yes No

If Yes, give date: _____

Have you ever been employed with us before?..... Yes No

If Yes, give date: _____

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Proof of citizenship or immigration status will be required upon employment..... Yes No

Date Available for work ____/____/____ What is your desired salary range? _____

Any restrictions: _____

Are you available to work:

Full-time Part-time (please indicate) Morning Afternoon
 Evening Weekends
 Seasonal (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

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 commercial motor vehicles* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Add another sheet as necessary.)

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Explain any gaps in your employment.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
College/ Military/ Trade/ Tech and Other (Specify)				

Experience and Qualifications - Other

Show any Trucking, Transportation or other experience that may help you in your work for this company

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

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes or No

B. Has any license, permit or privilege ever been suspended or revoked? Yes or No

If the answer to either A or B is YES, attach statement giving details

List states in which you have operated a commercial vehicle over the 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: _____

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				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Motorcoach/School Bus				
Other				

ADDITIONAL INFORMATION

Accident Record for the 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

Valid Drivers Licenses Presently Held

Driver Licenses	State	License No.	Type	Expiration Date

REFERENCES (Personal or Professional)

1. Name	Phone
Address	
2. Name	Phone
Address	
3. Name	Phone
Address	
4. Name	Phone
Address	

ADDITIONAL INFORMATION

Have you been convicted of a felony within the last 7 years? please circle (Conviction will not necessarily disqualify an applicant from employment.)	
YES	NO
If yes, please explain _____	
Please list all names you have used in the last 7 years if different than the name you are using now.	
Signature: _____	

The applicant is required by sec. 40.25 to respond to the following questions:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a prospective employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Circle one: YES NO

Applicant's Signature _____ Date: _____ Full Name _____

Witnessed by: _____ Date: _____
(Signature)

Authorization for Investigation and Release of Information, and Release of Claims

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, and related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Signature

Date