

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
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Referred by: _____	
<input type="checkbox"/> Other	
Last Name First Name Middle Name	
Telephone Number(s) Email	

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Any restrictions: \_\_\_\_\_

Are you available to work:

☐ Full-time ☐ Morning

☐ Part-time (please indicate) ☐ Evening

☐ Weekends ☐ Afternoon

☐ 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

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
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 size vehicle used to transport hazardous materials in a quantity requiring placarding.

## 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

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

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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: \_\_\_\_\_

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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

### LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License No.	Type/Class	Endorsements	Expiration Date

### PREVIOUSLY HELD LICENSES


### REFERENCES (Personal or Professional)

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

## ADDITIONAL INFORMATION

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:  
(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

**Eldredge Lumber promotes a tobacco free workplace. Tobacco product usage is strictly prohibited on all company property and in all company vehicles.**

### 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.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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