

Driver's 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, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position Applied For: _____	Salary Desired: _____	Date of Application: _____
Last Name: _____	First Name: _____	Middle Name: _____
Current Address _____	City _____	
State _____	Zip Code _____	Phone Number _____
How long? _____		
Previous Addresses _____		
Street _____	City/State _____	How long? _____
Street _____	City/State _____	How long? _____
Street _____	City/State _____	How long? _____
Social Security No. _____		

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

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

Have you worked for this company before? _____ Dates: From _____ To _____

Rate of Pay _____ 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 have applied? _____ If yes, explain if you wish.

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 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 if necessary).

Employer _____	Dates Employed From _____	To _____
Address _____	Work Performed _____	
Address _____	Telephone Number _____	
Job Title _____	Supervisor _____	
Reason For Leaving _____	Hourly Rate Starting _____	Ending _____

Employer _____	Dates Employed From _____	To _____
Address _____	Work Performed _____	
Address _____	Telephone Number _____	
Job Title _____	Supervisor _____	
Reason For Leaving _____	Hourly Rate Starting _____	Ending _____

Employer _____	Dates Employed From _____	To _____
Address _____	Work Performed _____	
Address _____	Telephone Number _____	
Job Title _____	Supervisor _____	
Reason For Leaving _____	Hourly Rate Starting _____	Ending _____

Employer _____	Dates Employed From _____	To _____
Address _____	Work Performed _____	
Address _____	Telephone Number _____	
Job Title _____	Supervisor _____	
Reason For Leaving _____	Hourly Rate Starting _____	Ending _____

*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.

ACCIDENT RECORD FOR 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.)	FATALIES	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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

HIGHEST GRADE COMPLETED HIGH SCHOOL: 1 _____ 2 _____ 3 _____ 4 _____ COLLEGE: 1 _____ 2 _____ 3 _____ 4 _____

LAST SCHOOL ATTENDED _____
 NAME CITY, STATE

EXPERIENCE AND QUALIFICATIONS—DRIVER

DRIVERS LICENSE	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, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE—IF NONE, WRITE NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR—TWO TRAILERS _____				
MOTORCOACH—SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR 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? _____

EXPERIENCE AND QUALIFICATIONS—OTHERS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY.

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN).

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 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, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date _____	Applicant's Signature _____
FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview _____ Yes _____ No _____	
Remarks _____	
Employed _____ Yes _____ No _____	
Date of Employment _____	
Job Title _____ Hourly Rate/Salary _____	
By _____ Date _____	