

Driver's Application for Employment



Applicant Name _____ Date _____
Last First Middle

Cell Phone _____ Home Phone _____

Social Security # _____ Date of Birth _____

Email Address _____

Provide addresses of residency for the past 3 years.

Current Address _____ How long? _____
Street City State / Zip Code yr./mo.

Previous Addresses _____ How long? _____
Street City State / Zip Code yr./mo.

_____ How long? _____
Street City State / Zip Code yr./mo.

Do you have the legal right to work in the United States? [] Yes [] No

Position Applying for _____ Full-Time _____ Part-Time _____

Who referred you? _____ Rate of pay expected _____

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

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL:

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____
*If yes, please explain fully on a separate sheet of paper. Conviction of crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, please explain: _____

PHYSICAL HISTORY: (for CDL holders only)

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT:

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license (CDL) to answer the following questions:

- 1) Within the last two years, have you ever tested positive, or requested to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?
 Yes No
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work?
 Yes No
- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?
 Yes No

Applicants Signature: _____ Date: _____

Witnessed By: _____ Date: _____

DRIVER'S LICENSE INFORMATION: List all driver licenses or permits held in the past 3 years.

Driver Licenses	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 _____
- C. If yes to either A or B, provide details: _____

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment	Dates		Approximate Total Miles
		From (M/Y)	To (M/Y)	
Straight Truck	<input type="checkbox"/> Y <input type="checkbox"/> N			
Tractor & Semi-Trailer	<input type="checkbox"/> Y <input type="checkbox"/> N			
Other: _____	<input type="checkbox"/> Y <input type="checkbox"/> N			

List states operated in during the last five years: _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List special equipment or technical materials you have experience working with: _____

List any courses and/or training related to this field of work: _____

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.

APPLICANT MUST READ AND SIGN:

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 connection 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 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 Name (printed) _____ Application Date _____
Applicant Signature _____

----- FOR OFFICE USE – DO NOT WRITE IN THIS SPACE -----

PROCESS RECORD: To be completed by company representative.

		Superior	Good	Fair	Below Average	Poor	Written Record on File	Notes
1.	Application							
2.	Interview							
3.	Physical Exam *							
4.	Past Employment							
5.	Policy & Traffic Record							
6.	References							
*	CDL Applicants Only							

Applicant Hired? [] Yes [] No Date Hired _____ Start Date _____
Job Title / Responsibilities (if different from job description) _____

Work Schedule _____
Salary _____

TERMINATION OF EMPLOYMENT:

Date Terminated _____ [] Voluntary Quit [] Dismissed by: _____
Reason for Termination: _____

Termination Report Completed and Placed in File? [] Yes [] No