

Application for Employment

Company Name _____

Street _____ City _____ St _____ Zip _____

(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.

POSITION(S) APPLIED FOR: Driver Date: _____

Name: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City, St, Zip: _____, _____ Yrs: _____

Other addresses for the past 3 years

Street: _____ City, St, Zip: _____ Yrs: _____

Street: _____ City, St, Zip: _____ Yrs: _____

Street: _____ City, St, Zip: _____ Yrs: _____

Attach Sheet if More Space is Needed

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

In Case of Emergency Notify: _____ Phone: _____

Relationship: _____ Address: _____

Years of experience as CDL driver? _____

List states operated in for the last 5 years: _____

List special courses or training that will help you as a driver: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? Yes No

If yes, please explain: _____

MILITARY STATUS

Have you served in The U.S. Armed Forces? Yes No Branch _____

Dates: From _____ To: _____ Rank At Discharge _____

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EMPLOYMENT RECORD

Note: List past employment for *AT LEAST 10 YEARS* including periods of unemployment and explanation
(Attach Sheet if More Space is Needed)

Last Employer _____ Phone _____ Contact _____
Address _____ City, State, Zip _____
Job description _____ From (mm/yy) _____ To: (mm/yy) _____
Reason for leaving _____
Were you subject to FMCSR while employed? Yes No
Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

2nd Last Employer _____ Phone _____ Contact _____
Address _____
Job description _____ From (mm/yy) _____ To: (mm/yy) _____
Reason for leaving _____
Were you subject to FMCSR while employed? Yes No
Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

3rd Last Employer _____ Phone _____ Contact _____
Address _____
Job description _____ From (mm/yy) _____ To: (mm/yy) _____
Reason for leaving _____
Were you subject to FMCSR while employed? Yes No
Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

4th Last Employer _____ Phone _____ Contact _____
Address _____
Job description _____ From (mm/yy) _____ To: (mm/yy) _____
Reason for leaving _____
Were you subject to FMCSR while employed? Yes No
Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

5th Last Employer _____ Phone _____ Contact _____
Address _____
Job description _____ From (mm/yy) _____ To: (mm/yy) _____
Reason for leaving _____
Were you subject to FMCSR while employed? Yes No
Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

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TO BE READ AND SIGNED BY APPLICANT

Your (driver) rights to review previous employer information as required in FMCSR 391.23:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

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. 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.

Applicant's Signature: _____

Date: _____