

# APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS THAT APPLY-PLEASE PRINT)

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ SOCIAL SECURITY NO (LAST 4) \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

STREET

CITY

STATE & ZIP CODE

ADDRESSES } \_\_\_\_\_ HOW LONG? \_\_\_\_\_

FOR THE PAST } \_\_\_\_\_

3 YEARS } \_\_\_\_\_ HOW LONG? \_\_\_\_\_

STREET

CITY

STATE & ZIP CODE

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_

ARE YOU 21 YEARS OF AGE OR OLDER? \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

IN CASE OF EMERGENCY NOTIFY? \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ TEMP/FULL TIME/PART TIME (CIRCLE ONE)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ DATES : FROM \_\_\_\_\_ TO \_\_\_\_\_

RATE OF PAY \_\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

NAMES OF RELATIVES IN OUR EMPLOY \_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_\_\_ IF NOT HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_

ARE YOU BONDABLE \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTION OF THE JOB FOR WHICH YOU HAVE APPLIED (AS DESCRIBED IN THE ADVERTISED JOB DESCRIPTION) \_\_\_\_\_ IF YES, PLEASE EXPLAIN IF YOU WISH \_\_\_\_\_

## MILITARY STATUS

HAVE YOU SERVED IN THE U.S ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETE 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_ ADDRESS \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE , PERMIT OR PRIVILAGE TO OPERATE A MOTOR VEHICLE  YES  NO

B. HAS ANY LICENSE, PERMIT OR PRIVILAGE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT, DUMP,REFER)	DATES FROM	TO	APPROX. NO. OF MILES
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR-TWO TRAILERS OR THREE TRAILERS OR BOTH <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTOR COACH-SCHOOL BUS MORE THAN 8 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTOR COACH-SCHOOL BUS MORE THAN 15 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS-PLATFORM**

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC) \_\_\_\_\_

LIST COURSES OR TRAINING IN PLATFORM WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS-VEHICLE MAINTENANCE**

LIST COURSES AND TRAINING IN MAINTENANCE WORK \_\_\_\_\_

LIST MAINTENANCE EQUIPMENT YOU CAN OPERATE \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS-OTHER**

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THE APPLICATION \_\_\_\_\_

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

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT(HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**

(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE(ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

**EMPLOYMENT HISTORY**

**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.

**(ALL APPLICANTS NOTE:** List employers in reverse order starting with the most recent. Add another sheet if necessary)

<b>EMPLOYER</b>			<b>DATE</b>	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR'S** WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>EMPLOYER</b>			<b>DATE</b>	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR'S** WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>EMPLOYER</b>			<b>DATE</b>	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE			REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>EMPLOYER</b>			<b>DATE</b>	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE			REASON FOR LEAVING	
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<b>EMPLOYER</b>			<b>DATE</b>	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR'S** WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passenger, or any size vehicle used to transport hazardous materials in a quantity requiring placarding. \*\*The Federal Motor Carrier Safety Regulations (FMCSR'S) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) Weighs or has a GVWR or 10,001 lbs or more,( 2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**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

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