

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 } STREET CITY STATE & ZIP CODE

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: _____

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

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)

EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			REASON FOR LEAVING	
PHONE				
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				
EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			REASON FOR LEAVING	
PHONE				
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				
EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			REASON FOR LEAVING	
PHONE				
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				
EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			REASON FOR LEAVING	
PHONE				
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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				
EMPLOYER			DATE	
NAME			FROM:	TO:
ADDRESS			MO. YEAR	MO. YEAR
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			REASON FOR LEAVING	
PHONE				
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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				

*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: _____