



# Application for Employment

Date of Application: \_\_\_\_\_

### TO BE READ AND SIGNED BY ALL APPLICANTS

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.

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 may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

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

### GRAY AREAS FOR DRIVER APPLICANTS ONLY

I understand that information I provide regarding current and/or previous employers may be used, and previous 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.

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

The US Department of Transportation requires that driver applicants state their date of birth (§391.21(b) (2)). Date of birth: \_\_\_\_\_  
month / date / year

#### Please Print:

Applicant Name: \_\_\_\_\_  
First Middle Last Social Security Number

\*Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip Code

*\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*

Street City State Zip Code

Position applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Are you legally able to work in the U.S.? \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
month / year month / year

Where: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving your 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 convicted of a felony? \_\_\_\_\_

*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.*

<b>DRIVERS EXPERIENCE &amp; QUALIFICATION</b>						<i>Answer the questions in this section only if applying for a driver position</i>					
<b>LICENSES - you will need to bring a copy of your driving record that is no more than two weeks old if you are selected for an interview</b>											
Drivers Licenses held in the past ten (10) years must be shown.	<b>State</b>	<b>License No.</b>		<b>Class</b>	<b>Endorsements</b>		<b>Expiration Date</b>				
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?						Yes: _____		No: _____			
B. Have any license, permit or privilege ever been suspended or revoked?						Yes: _____		No: _____			
If you answered "yes" to A or B attach a statement giving details.											
<b>DRIVING EXPERIENCE CHECK YES OR NO</b>											
CLASS OF EQUIPMENT				CIRCLE TYPE OF EQUIPMENT				Date From (m/y) To (m/y)		Approx # of miles (Total)	
Straight Truck		<input type="checkbox"/> YES	<input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER							
Tractor and Semi Trailer		<input type="checkbox"/> YES	<input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER							
Tractor – Two Trailers		<input type="checkbox"/> YES	<input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER							
Motorcoach – School Bus				More than 8 passengers	-----						
Motorcoach – School Bus				More than 15 passengers	-----						
Other:											
List states operated in during 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? _____											
<b>ACCIDENT RECORD for past ten (10) years</b> (Attach separate sheet of paper if more space is needed)											
Dates		Nature of Accident <small>(Head-On, Rear-End, etc)</small>			Fatalities		Injuries		Hazardous Materials Spill		
Last Accident:											
Next Previous:											
Next Previous:											
<b>TRAFFIC CONVICTIONS AND FORFEITURES for the past ten (10) years (other than parking violations)</b> <i>if none, write none</i>											
Location			Date			Charge			Penalty		
<i>(Attach sheet if more space is needed)</i>											
<b>EMPLOYMENT HISTORY</b>											
<b>NOTE:</b> All driver applicants must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state, and zip code.											
Applicants to drive a commercial motor vehicle* with prior driving experience shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.											
<i>(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)</i>											
<b>EMPLOYER</b>						<b>DATE</b>					
NAME:						From: (m/y)		To: (m/y)			
ADDRESS:						POSITION HELD					
CITY/STATE/ZIP CODE						SALARY/WAGE					
CONTACT PERSON						PHONE NO.			REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO											

EMPLOYMENT HISTORY (continued)				
EMPLOYER			DATE	
NAME:		From:	(m/y)	To:
				(m/y)
ADDRESS:	POSITION HELD			
CITY/STATE/ZIP CODE	SALARY/WAGE			
CONTACT PERSON	PHONE NO.	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER			DATE	
NAME:		From:	(m/y)	To:
				(m/y)
ADDRESS:	POSITION HELD			
CITY/STATE/ZIP CODE	SALARY/WAGE			
CONTACT PERSON	PHONE NO.	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 49 CFR 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 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.				
† The Federal Motor Carrier Safety Regulations (FMCSRs) 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 of 10,001 pounds or more, (2) is designed or used to transport more than eight (8) passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.				

### MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses or training in maintenance work \_\_\_\_\_

Job Function					
Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-Up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		
Shop Repair					
Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Typical)			Tire Servicing		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping		
			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Deisel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint spray gun			Emissions/Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		
ASE Certification(s) (Specify):					

## CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work: \_\_\_\_\_

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (indicate type)		
Filing					
Computers (indicate software)			Tabulator		
Word Processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Taxing entities experienced with: \_\_\_\_\_

### SOFTWARE EXPERIENCE & QUALIFICATIONS

List types of software experience and number of years of each \_\_\_\_\_

List courses or training in software work \_\_\_\_\_

### APPLICANT MUST READ AND SIGN

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. This is an "At Will" company and as such I acknowledge that I may terminate my employment without cause or notice. I also understand that at any time my employment may be terminated by the company without cause or notice. If hired I agree to follow all company guidelines and policies. I further understand that the company reserves the right to change, add or delete policies, guidelines and benefits at its sole discretion. Any offer of employment is not a contract of employment. This company is committed to promoting a safe work environment and as such I understand that random drug testing is required and that I may be subject to a pre-employment physical and or drug test. If illegal substances are found in my test I understand that I will not be hired. All information provided herein is subject to investigation and I hereby authorize the normal steps necessary to validate accuracy of said information.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

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

Applicant Hired? \_\_\_\_ Yes \_\_\_\_ No

Date Employed: \_\_\_\_\_

Department: \_\_\_\_\_

*(if not hired, summary report of reason should be placed in file with application)*

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

### THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam (driver applicants only)						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						
8. Drug Test						

Signature of Interviewing Officer: \_\_\_\_\_ Date: \_\_\_\_\_