DRIVER'S APPLICATION FOR EMPLOYMENT





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.

TO BE READ AND SIGNED BY APPLICANT

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.

Signature	Date

FOR COMPANY USE

1 500 55000 550			
PROCESS RECORD			
Applicant Hired	Rejected		
Date Employed	Point Employed		
Department(If rejected, summary report of reasons should be placed in file)	Classification		
Signature of interviewing officer			

TERMINATION OF EMPLOYMENT

Date Terminated		_ Department Released From	
Dismissed	Voluntarily Quit _	Other	
Termination Report Placed in File		Supervisor	

APPLICANT TO COMPLETE

(Answer all questions – please print)

Position(s) Applied	d for			
			Social Security No.	
Last	First			
List your addresse				
	 treet		City	
3	ti eet		•	How Long?
St	ate	Zip Code		yr./m
Previous				
Addresses				How Long?yr./m
S	treet	City	State & Zip co	ode yr./m
				How Long?
	treet	City	State & Zip co	ode yr./m
				How Long?
<u>-</u>	 treet	City	State & Zip co	How Long? ode vr./m
		in the United States?	· · · · · · · · · · · · · · · · · · ·	,,
•		Can you provi		
(Required for Commercia	al Drivers)			
Have you ever wo	rked for this com	pany before? Rate of Pay	Where?	
		Rate of Pay	Position	
Reason for leaving				
		If not, how long since leaving last e		
Have you ever bee			oonding company	
Have you ever bee				
		rated sheet of paper. Conviction o	f a crime is not an au	itomatic bar to employmen
all circumstances v				
•		nable to perform the functions of t	•	
the attached job d	lescription)?			
If yes, explain if yo	ou wish			
		EMPLOYMENT HISTO		
		rstate commerce must provide the		on on all employers during t
preceding 3 years.	List complete ma	ailing address, street number, city,	state and zip code.	
Applicants to drive	e commercial mo	tor vehicle* in intrastate or intersta	ate commerce shall a	lso provide an additional 7
• •		ers for whom the applicant operat		P
•	•	der starting with the most recent.		s necessarv.)
,	,	6		, ,
		EMPLOYER		DATE
Name			Fr M	om To IO. YR. MO. YR.
Address				osition Held
City		State Zi	D Sa	alary/Wage
Contact Person		Phone Number		eason for Leaving
Were you subject	ted to the FMCSF	ks* while employed? Tyes	No	
		ts* while employed?	No gulated mode subject	ct to the drug and alcohol

EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER			DA	ATE
Name			From MO. YR.	To MO. YR.
Address			Position Held	
City State	е	Zip	Salary/Wage	
Contact Person	Phone Numb	er	Reason for Leaving	
Were you subjected to the FMCSRs* while employe	ed? 🔲 Yes 🗌	No		
Was your job designated as a safety-sensitive funct		Γ-regulated mode sub	ject to the drug	and alcohol
testing requirements of 49 CFR part 40?	s 🔲 No			
EMPLOYER			D <i>A</i>	ATE
Name			From MO. YR.	To MO. YR.
Address			Position Held	
City State	e	Zip	Salary/Wage	
Contact Person	Phone Numb	er	Reason for Leaving	
Were you subjected to the FMCSRs* while employe	ed? 🔲 Yes 🗌	No		
Was your job designated as a safety-sensitive funct		Γ-regulated mode sub	ject to the drug	and alcohol
testing requirements of 49 CFR part 40?	s 🔲 No			
<u> </u>				
EMPLOYER			D <i>A</i>	ATE
			From MO. YR.	ATE To MO. YR.
EMPLOYER			From	То
EMPLOYER Name	e	Zip	From MO. YR.	То
Name Address	e Phone Numb	<u>'</u>	From MO. YR. Position Held	То
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employe	Phone Numb	er No	From MO. YR. Position Held Salary/Wage Reason for Leaving	To MO. YR.
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employed Was your job designated as a safety-sensitive function	Phone Numbed? Yes on in any DO	er No	From MO. YR. Position Held Salary/Wage Reason for Leaving	To MO. YR.
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employe	Phone Numbed? Yes on in any DO	er No	From MO. YR. Position Held Salary/Wage Reason for Leaving	To MO. YR.
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employed Was your job designated as a safety-sensitive function	Phone Numbed? Yes on in any DO	er No	From MO. YR. Position Held Salary/Wage Reason for Leaving ject to the drug a	To MO. YR.
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employed Was your job designated as a safety-sensitive function testing requirements of 49 CFR part 40?	Phone Numbed? Yes on in any DO	er No	From MO. YR. Position Held Salary/Wage Reason for Leaving ject to the drug a	To MO. YR.
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employed Was your job designated as a safety-sensitive funct testing requirements of 49 CFR part 40? EMPLOYER	Phone Numbed? Yes on in any DO	er No	From MO. YR. Position Held Salary/Wage Reason for Leaving ject to the drug a	To MO. YR.
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employed Was your job designated as a safety-sensitive funct testing requirements of 49 CFR part 40? EMPLOYER Name	Phone Numbed?	er No	From MO. YR. Position Held Salary/Wage Reason for Leaving ject to the drug a	To MO. YR.
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employed Was your job designated as a safety-sensitive funct testing requirements of 49 CFR part 40? Yes EMPLOYER Name Address	Phone Numbed?	er No F-regulated mode sub	From MO. YR. Position Held Salary/Wage Reason for Leaving ject to the drug a From MO. YR. Position Held	To MO. YR.
EMPLOYER Name Address City State Contact Person Were you subjected to the FMCSRs* while employe Was your job designated as a safety-sensitive funct testing requirements of 49 CFR part 40? Yes EMPLOYER Name Address City State	Phone Numb ed? Yes ion in any DOT s No Phone Numb	er No F-regulated mode sub	From MO. YR. Position Held Salary/Wage Reason for Leaving ject to the drug a From MO. YR. Position Held Salary/Wage	To MO. YR.
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The Federal Motor Carrier Safety Regulations (FMCSFs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers of property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

^{*}Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous materials in quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE **INJURIES DATES** NATURE OF ACCIDENT **FATALITIES HAZARDOUS** (HEAD-ON, REAR-END, UPSET, ETC.) MATERIAL SPILL LAST ACCIDENT NEXT PREVIOUS NEXT PREVIOUS TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE LOCATION DATE **CHARGE PENALTY** (ATTACH SHEET IFMORE SPACE IS NEEDED) **EXPERIENCE AND QUALIFICATIONS – DRIVER** LIST ALL DRIVER LICENSES OR PERMITS HELD IN PAST 3 YEARS **TYPE** LICENSE NUMBER **EXPIRATION DATE** STATE **DRIVER** LICENSES A. When did you first receive your CDL? B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES____ NO C. Has any license, permit or privileges ever been suspended or revoked? YES NO If the answer to either A or B is Yes, give details **DRIVING EXPERIENCE CHECK YES OR NO** APPROX. NO. OF MILES **CLASS OF EQUIPMENT** CIRCLE TYPE OF DATES (TOTAL) FROM (M/Y) TO (M/Y) **EQUIPMENT** STRAIGHT TRUCK YES (VAN, TANK, FLAT, DUMP, REFER) TRACTOR AND SEMI-TRAILER YES NO (VAN, TANK, FLAT, DUMP, REFER) TRACTOR - TWO TRAILERS (VAN, TANK, FLAT, DUMP, REFER) YES NO (VAN, TANK, FLAT, DUMP, REFER) TRACTOR - THREE TRAILERS NO YES MOTORCOACH – SCHOOL BUS YES NO MORE MOTORCOACH – SCHOOL BUS YES NO_{MORE THAN} **OTHER** LIST STATES OPERATED IN FOR 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? **EXPERIENCE AND QUALIFICATIONS - OTHER** SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) **EDUCATION** CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH-SCHOOL 1 2 3 4 COLLEGE: 1 2 3 4

AAC/March 2020 4

(CITY, STATE)

LAST SCHOOL ATTENDED (NAME)

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIE COMPLETE TO THE BEST OF MY KNOWLEDGE.	S ON IT AND INFORMATION IN IT ARE TRUE AND
SIGNATURE:	DATE: