



• POULTRY • BEEF • PORK • LAMB • VEAL • SEAFOOD • SALADS • PROVISIONS

DRIVERS' APPLICATION FOR EMPLOYMENT

APPLICANT NAME _____ DATE OF APPLICATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, SEX, NATINAL 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 employers 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;
- * 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

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

POSITION APPLIED FOR _____

NAME _____ SOCIAL SECURITY _____
LAST FIRST MIDDLE

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS.

CURRENT ADDRESS _____
STREET CITY
STATE ZIP CODE PHONE HOW LONG
YR/MO

PREVIOUS ADDRESSES	STREET	CITY	STATE	ZIP CODE	HOW LONG

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES _____

DATE OF BIRTH ____/____/____ CAN YOU PROVIDE PROOF OF AGE _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____

DATES: FROM _____ TO: _____ RATE OF PAY _____ POSTION _____

REASON FOR LEAVING _____

ARE YOU NOW EMPLOYED? _____ IF NOT, HOW LONG SINCE YOUR LAST EMPLOYMENT? _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED _____

HAVE YOU EVER BEEN BONDED? _____ NAME OF BONDING COMPANY _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE EXPLAIN FULLY ON A SPERATE SHEET OF PAPER. CONVICTIN OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT – ALL CIRCUMSTANCES WILL BE CONSIDERED.

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? EXPLAIN:

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 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. (NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET AS NECESSARY)

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?	

EMPLOYER	DATE
NAME:	FROM: TO:
ADDRESS:	POSITION HELD
CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	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 PART40?	

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NAME:	FROM: TO:
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CITY/STATE/ZIP CODE:	SALARY/WAGE
CONTACT PERSON/PHONE NUMBER:	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART40?	

* INCLUDES VEHICLES HAVING A GVWR OF 26,001LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, 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 OF 10,001 POUNDS 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.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**.

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 THEN PARKING VIOLATIONS) IF NONE WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NO.	TYPE	EXPIRTAION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE?

(YES/NO)_____

B. HAS ANY LICENSE, PERMIT, OR PRIVLEDGE EVER BEEN SUSPENDED OR REVOKED?

(YES/NO)_____

IF YOU ANSWERED YES TO EITHER A OR B OR BOTH, PLEASE GIVE DETAILS:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT (CIRCLE YES OR NO)	CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y) TO(M/Y)	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK YES/NO	VAN,TANK,FLAT,DUMP,REFER		
TRACTOR/SEMI TRAILER YES/NO	VAN,TANK,FLAT,DUMP,REFER		
TRACTOR – TWO TRAILERS YES/NO	VAN,TANK,FLAT,DUMP,REFER		
TRACTOR – THREE TRAILERS YES/NO	VAN,TANK,FLAT,DUMP,REFER		
MOTORCOACH – SCHOOL BUS (8+ PASSENGER) YES/NO			
MOTORCOACH – SCHOOL BUS (15+ PASSENGERS) YES/NO			
OTHER _____			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOME? _____

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS APPLICATION: _____

LIST COURSES AND TRAINING OTHER THEN SHOWN ELSEWHERE IN THIS APPLICATION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIAL 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 COLEGE: 1 2 3 4

LAST SCHOOL ATTENDED:(NAME) _____ (CITY/STATE) _____

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: _____