

Section A

We are an Equal Opportunity Employer

**Employer Information**

To be Completed by Employer

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Section B

**Candidate Information**

To be Completed by All Applicants

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Please list any other names you have used (for reference checking purposes)

In case of emergency call \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any other addresses you have lived at during the past three years.

- Are you over the age of 18 years?  yes  no
  - If under 18, do you have a work permit?  yes  no
  - Are you legally authorized to work in the United States?  yes  no
  - Can you provide required proof of eligibility to work?  yes  no
  - Have you previously been employed by this company?  yes  no
- If yes, from \_\_\_\_\_ to \_\_\_\_\_. In what position? \_\_\_\_\_

If you have any relatives working for this company, please list them.  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Positions/Type of work for which you are applying? \_\_\_\_\_  
 Full-time  Part-time  Either   
 Regular  Temporary  Seasonal

Salary expected: \_\_\_\_\_ When can you start: \_\_\_\_\_

Complete this question only if box is checked.  
 Have you ever been convicted of a felony?  Yes  No  
 If so, please explain. \_\_\_\_\_





D R I V E R Q U A L I F I C A T I O N S

Section C

**Driver Experience and Qualifications**

Complete Section C only if applying for Driver position.

Please list each State, driver's license number or permit number and expiration date of each unexpired commercial driver's license or permit issued to you.

State	CDL/Permit #	Expiration date
State	CDL/Permit #	Expiration date
State	CDL/Permit #	Expiration date

Please list the types of Equipment (i.e. tractor, straight truck) and extent of experience with operation of each motor vehicle.

Type of Equipment	Years of Experience
Type of Equipment	Years of Experience
Type of Equipment	Years of Experience

Please list all motor vehicle accidents in which you were involved during the last three years.

1) Date of Accident	Number of Injuries	Number of Fatalities
Description of Accident		
Did you receive a citation? If so, explain.		
2) Date of Accident	Number of Injuries	Number of Fatalities
Description of Accident		
Did you receive a citation? If so, explain.		
3) Date of Accident	Number of Injuries	Number of Fatalities
Description of Accident		
Did you receive a citation? If so, explain.		

Please list all other violations of motor vehicle laws or ordinances (other than parking) for which you were convicted or forfeited bond during the last three years.

\_\_\_\_\_

Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended?  yes  no  
If so, please describe all facts and circumstances. \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(Required By the Dept. of Transportation in 49CFR 391.21)

Section D

**Education and Training**

**High School**

Name: \_\_\_\_\_ Number of years completed: \_\_\_\_\_  
City/State: \_\_\_\_\_ Did you graduate?  yes  no  
Major Course of Study: \_\_\_\_\_

**Trade or Business School**

Name: \_\_\_\_\_ From: \_\_\_\_\_  
City/State: \_\_\_\_\_ To: \_\_\_\_\_  
Major Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_  
Did you graduate?  yes  no Degree: \_\_\_\_\_

**College**

Name: \_\_\_\_\_ From: \_\_\_\_\_  
City/State: \_\_\_\_\_ To: \_\_\_\_\_  
Major Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_  
Did you graduate?  yes  no Degree: \_\_\_\_\_

Section E

**Additional Skills/Training/Experience**

Please indicate any additional training/experience you have.

- |   |                                     |   |  |
|---|-------------------------------------|---|--|
| Truck Repair <input type="checkbox"/>   | Body Work <input type="checkbox"/>  | Inspection <input type="checkbox"/>         | Air Conditioning <input type="checkbox"/>    |
| Trailer Repair <input type="checkbox"/> | Electrical <input type="checkbox"/> | Loading/Unloading <input type="checkbox"/>  | Brakes <input type="checkbox"/>              |
| Car Repair <input type="checkbox"/>     | Lift Truck <input type="checkbox"/> | Shipping/Receiving <input type="checkbox"/> | Safety <input type="checkbox"/>              |
| Tank Repair <input type="checkbox"/>    |                                     | Tire Service <input type="checkbox"/>       | Hazardous Materials <input type="checkbox"/> |

Please list specific certifications or training you have received:

\_\_\_\_\_

Please list any additional job related skills or qualifications:

\_\_\_\_\_

Section F

**Military Experience**

Did you serve in the U.S. Armed Forces?  yes  no If "yes", what branch?

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves?  yes  no  
Are you currently serving in the National Guard?  yes  no

Section G

**Employment Experience**

List most recent position first

Please list the names and addresses of all employers during the preceding ten years.

If you are currently employed, may we contact your employer?  yes  no

Company: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  PT  FT  Temp

Company: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  PT  FT  Temp

Company: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Final Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  PT  FT  Temp

Section H

**Acknowledgements**

**ALL APPLICANTS** - Please read the following and address any questions to a Human Resource Representative before signing.

- I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents may result in dismissal.
- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
- I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicant's background as required by 49CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from providing such information.
- I understand that from time to time the company may be asked to submit/release certain information, including but not limited to, my employment or application for employment. I release the company and its agents, from any liability resulting from submitting/releasing such information.
- I acknowledge that the company may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
- I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. All persons hired must submit satisfactory proof of employment authorization and identity. Please have necessary documents promptly available for inspection as required by law.
- If employed, I agree to abide by the rules and regulations of the company.
- I understand that if I am employed, my employment is for no fixed period and is at-will. I understand that I could be terminated at any time for any or no reason and I understand that I may quit at any time for any or no reason. This understanding can not be altered by anyone unless it is in writing and signed by the president of the company.
- I understand that this application does not create an offer of employment.
- I understand that this company is an Equal Opportunity Employer.
- 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. I have read and understand the above notice, including the at-will basis of employment.

Signature of Applicant

Date