



EMPLOYMENT APPLICATION

DATE _____

PERSONAL INFORMATION

LAST NAME		FIRST NAME	M.I.	WILLING TO TAKE DRUG TEST YES NO	
CURRENT ADDRESS		CITY	STATE	ZIP	
PRIMARY PHONE NO.	SOCIAL SECURITY NUMBER		ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE OF BIRTH

PREVIOUS THREE YEARS RESIDENCY

STREET	CITY	STATE	ZIP	FROM	TO
STREET	CITY	STATE	ZIP	FROM	TO
STREET	CITY	STATE	ZIP	FROM	TO
STREET	CITY	STATE	ZIP	FROM	TO

EMPLOYMENT INFORMATION PLEASE CHECK ANY THAT APPLY AND PROVIDE RELEVANT INFORMATION:

DESIRED POSITION	DATE AVAILABLE TO START	DESIRED SALARY	AVAILABLE HOURS?
DO YOU HAVE ANY SUPERVISORY EXPERIENCE? IF SO, PLEASE PROVIDE DETAILS			
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES	EYE COLOR ON DRIVERS LICENSE	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES	DRIVERS LICENSE NO.	STATE	TYPE EXPIRATION DATE
HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? IF YES, GIVE DATES AND EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES	

EDUCATION

HIGH SCHOOL	CITY	STATE	YEARS ATTENDED	DID YOU GRADUATE?
COLLEGE	CITY	STATE	YEARS ATTENDED	MAJOR/DEGREE
TRADE/BUSINESS	CITY	STATE	YEARS ATTENDED	MAJOR/DEGREE

OTHER TRAINING / SKILLS

U.S. MILITARY SERVICE	DATES	RANK
JOB-RELATED TRAINING OR CERTIFICATIONS		

CONTINUED ON BACK

DRIVING EXPERIENCE PLEASE BEGIN WITH MOST RECENT

FROM	TO	TYPE OF EQUIPMENT (BUSES, TRUCKS, TRUCK TRACTORS, SEMITRAILERS)	APPROX. # OF MILES (TOTAL)
FROM	TO	TYPE OF EQUIPMENT (BUSES, TRUCKS, TRUCK TRACTORS, SEMITRAILERS)	APPROX. # OF MILES (TOTAL)
FROM	TO	TYPE OF EQUIPMENT (BUSES, TRUCKS, TRUCK TRACTORS, SEMITRAILERS)	APPROX. # OF MILES (TOTAL)
FROM	TO	TYPE OF EQUIPMENT (BUSES, TRUCKS, TRUCK TRACTORS, SEMITRAILERS)	APPROX. # OF MILES (TOTAL)

ACCIDENT RECORD FOR THE PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

DATE	LOCATION	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?	<input type="checkbox"/> NO
	<input type="checkbox"/> YES
B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEENN SUSPENDED OR REVOKED?	<input type="checkbox"/> NO
	<input type="checkbox"/> YES

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT HISTORY FOR THE PAST 3 YEARS PLEASE BEGIN WITH MOST RECENT EMPLOYER

Note: DOT requires that employment for at least 3 years and / or Commercial Driving esperience for the past 10 years be shown.

FROM	TO	EMPLOYER NAME/ADDRESS	SALARY	POSITION	REASON FOR LEAVING
Subject to Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Performed safety sensitive function subject to DOT Controlled Substance / Alcohol testing?					<input type="checkbox"/> YES <input type="checkbox"/> NO
FROM	TO	EMPLOYER NAME/ADDRESS	SALARY	POSITION	REASON FOR LEAVING
Subject to Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Performed safety sensitive function subject to DOT Controlled Substance / Alcohol testing?					<input type="checkbox"/> YES <input type="checkbox"/> NO
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Performed safety sensitive function subject to DOT Controlled Substance / Alcohol testing?					<input type="checkbox"/> YES <input type="checkbox"/> NO

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EMPLOYMENT HISTORY CONTINUED

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Please list all employers during the 7 year period preceding the 3 years just listed, for which the applicant was the operator of a commercial motor vehicle.

FROM	TO	EMPLOYER NAME/ADDRESS	SALARY	POSITION	REASON FOR LEAVING
Subject to Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> Y <input type="checkbox"/> NO
Performed safety sensitive function subject to DOT Controlled Substance / Alcohol testing?					<input type="checkbox"/> Y <input type="checkbox"/> NO
FROM	TO	EMPLOYER NAME/ADDRESS	SALARY	POSITION	REASON FOR LEAVING
Subject to Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> Y <input type="checkbox"/> NO
Performed safety sensitive function subject to DOT Controlled Substance / Alcohol testing?					<input type="checkbox"/> Y <input type="checkbox"/> NO
FROM	TO	EMPLOYER NAME/ADDRESS	SALARY	POSITION	REASON FOR LEAVING
Subject to Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> Y <input type="checkbox"/> NO
Performed safety sensitive function subject to DOT Controlled Substance / Alcohol testing?					<input type="checkbox"/> Y <input type="checkbox"/> NO

"I certify that this application was completed by me and that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

APPLICANT'S SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE				
REMARKS			INTERVIEWED BY: _____	
EXPERIENCE			ABILITY	
PERSONALITY			CHARACTER	
HIRED	DEPT.	POSITION	WILL REPORT	SALARY/WAGES
_____			_____	
EMPLOYMENT MANAGER			GENERAL MANAGER	