

APPLICATION FOR EMPLOYMENT

Date of Application: _____, 2007

In accordance 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.

Applicant Name: _____ / /19
 First Middle Last Social Security No. DOB

Current Address: _____
 Street City State Zip

Home Phone: _____ Cell: _____ Email: _____

If at the above residence for less than 3 years, list all residences for the past 3 years. Use Additional Info Section Last page.

POSITION APPLYING FOR: Driver-Equipment Operator Product Handler Diesel Mechanic Electronic Tech

Permanent Flex (2 weeks on, 2 weeks off) Both Wage Desired: \$ _____

Have you worked for the hiring company before? Yes No Dates: From _____ to _____

Where? _____ Reason for Leaving? _____

Names of any relatives currently employed by this company _____

Have you ever worked at this company under another name? If so, under what name _____

E D U C A T I O N

Circle highest grade completed: 5 6 7 8 9 10 11 12 **College:** 1 2 3 4 or (Vocational or other school)

School attended _____
 Name Location Name Degree: Yes No

Do you have a GED? Yes No If yes please attach a copy.

G E N E R A L

Have you ever been arrested? Yes No

If yes use Additional Info Section Last page. Conviction of a crime is not an automatic bar to employment.

License Information

Drivers License held in past 3 years must be shown	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRE DATE

Have you ever been denied a license, permit or driving privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

-If answered YES to either question, please use Additional Info Section on the Last page, giving details.

Please bring a Motor Vehicle Record dated within 10 days, available at your local Dept of Motor Vehicles.

D R I V I N G E X P E R I E N C E

CLASS OF EQUIP	CIRCLE TYPE OF EQUIP	DATES		APPROX NUMBER OF MILES (TOTAL)
		FROM (m/yr)	TO (m/yr)	
STRAIGHT TRUCK				
SEMI & TRAILER	Van, Tank, Flat, Dump, Refer			
SEMI-DOUBLES	Van, Tank, Flat, Dump, Refer			
SEMI-TRIPLES	Van, Tank, Flat, Dump, Refer			
MOTORCOACH/BUS	Van, Tank, Flat, Dump, Refer			
OTHER				

List States operated in during the last five years:

Accident Record for Past 3 Years (Attach MVR less than 10 days old)

DATE	NATURE OF ACCIDENT (head-on, rear-end, etc.)	Fatalities	Injuries	Hazardous Material Spill

If additional space needed, please use Additional Info Section on the Last page.

Traffic Convictions and Forfeitures for the last 3 years, other parking violations. If NONE write NONE

Location	Date	Charge	Penalty

If additional space needed, please use Additional Info Section on the Last page.

EMPLOYMENT HISTORY

Complete last 10 years, no more than 1 month gap between-begin with most recent

*****All fields MUST be completed for each employer - Incomplete applications will immediately disqualify*****

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Period of Unemployment (if any) from (year and month)		to	

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Period of Unemployment (if any) from (year and month)		to	

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Period of Unemployment (if any) from (year and month)		to	

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Period of Unemployment (if any) from (year and month) _____ to _____

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Period of Unemployment (if any) from (year and month) _____ to _____

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Period of Unemployment (if any) from (year and month) _____ to _____

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Period of Unemployment (if any) from (year and month) _____ to _____

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Period of Unemployment (if any) from (year and month) _____ to _____

EMPLOYER		DATE	
Name:		From M/Yr:	To M/Yr:
Address:		Position:	
City:	State:	Zip:	Wage:
Contact Person:		Phone No:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:	
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Period of Unemployment (if any) from (year and month) _____ to _____

Can you show proof that you have the legal right to work permanently in the US? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain-List date, city, state:

In case of an accident notify:

Name

Relationship

Refrigeration cargo			General Car Repair		
---------------------	--	--	--------------------	--	--

Additional Information Section – Please use the space below to include additional information from any of the areas above. Please indicate what areas you are giving additional information.

Additional Employers (if needed)

EMPLOYER			DATE	
Name:			From M/Yr:	To M/Yr:
Address:			Position:	
City:	State:	Zip:	Wage:	
Contact Person:		Phone No:	Reason for leaving:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMPLOYER			DATE	
Name:			From M/Yr:	To M/Yr:
Address:			Position:	
City:	State:	Zip:	Wage:	
Contact Person:		Phone No:	Reason for leaving:	
Were you subject to FMCSR while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was the job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49CFRPart40? Yes <input type="checkbox"/> No <input type="checkbox"/>				

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 conjunction with my application. This certifies that this application was completed by me and 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 hiring Company. I am willing to take a physical examination to include drug and/or alcohol testing when requested. If employed, I understand that employment by the hiring Company is solely on an at-will basis and that this cannot be changed except in writing, signed by the President of the hiring Company.

Signature _____ Date _____

DRIVER APPLICANT ONLY

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 49CFR 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 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

The US Dept of Transportation requires that drivers state their date of birth 391.21 (b) (2).

Date of Birth: _____ Month /day/ year

