

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT CLEARLY**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, veteran status or any other legally protected status.

Date \_\_\_\_\_ Position applied for \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

You are available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Do you have a dependable means of transportation to and from work?  Yes  No

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

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

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

**EDUCATION**

|                | School Name and Location | Year  | Major | Degree |
|----------------|--------------------------|-------|-------|--------|
| High School    | _____                    | _____ | _____ | _____  |
| College        | _____                    | _____ | _____ | _____  |
| College        | _____                    | _____ | _____ | _____  |
| Post-College   | _____                    | _____ | _____ | _____  |
| Other Training | _____                    | _____ | _____ | _____  |

**EMPLOYMENT HISTORY** (DOT requires that employment for **3 years** and/or Commercial Driving experience for the past **10 years** be shown. Start with most recent employer. Attach sheet if more space is needed.)

Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

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**REFERENCES**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I certify that this application was completed by me, and that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Past Addresses** (Attach sheet if more space is needed)

|   | Street | City | State & Zip | How Long? |
|---|--------|------|-------------|-----------|
| 1 |        |      |             |           |
| 2 |        |      |             |           |
| 3 |        |      |             |           |
| 4 |        |      |             |           |
| 5 |        |      |             |           |

**Experience and Qualifications – Driver** (Show all licenses held in last 3 years)

| Driver License Info | State | License Number | Type | Expiration |
|---------------------|-------|----------------|------|------------|
|                     |       |                |      |            |
|                     |       |                |      |            |
|                     |       |                |      |            |

**Driving Experience**

| Class of Equipment | Type of Equipment<br>(van,tank,flat) | Dates |    | Approx. # of Miles<br>(Total) |
|--------------------|--------------------------------------|-------|----|-------------------------------|
|                    |                                      | From  | To |                               |
|                    |                                      |       |    |                               |
|                    |                                      |       |    |                               |
|                    |                                      |       |    |                               |
|                    |                                      |       |    |                               |

**Accident Record for Past 3 years or more** (attach sheet if more space needed)

| Date | Nature of Accident<br>(Head-on, rear-end, upset, etc) | Fatalities | Injuries |
|------|---|------------|----------|
|      |   |            |          |
|      |   |            |          |
|      |   |            |          |
|      |   |            |          |