



APPLICATION FOR DRIVERS

You must answer every question.

If any question does not apply to you, answer with Not Applicable (NA).

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, height, weight, ancestry, national origin, religion, sexual orientation, marital status, veteran status, or disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

Date: _____ / _____ / _____

LOCAL driver operation

Email Address: _____

Name: _____ Social Security No. _____

Address: _____ How Long: _____

Phone: _____ Alternate Phone: *Cell preferred* _____

If you were at the above address less than three years, list your previous address(es):

Address 1: _____ How Long: _____

Address 2: _____ How Long: _____

Address 3: _____ How Long: _____

Date of Birth: _____ / _____ / _____ Can you provide proof of age: Yes ___ No ___

Do you have current and unrestricted authorization to work in the United States? Yes ___ No ___

Have you worked for this company before? Yes ___ No ___

Are you employed now? Yes ___ No ___ If No, how long since leaving last employment? _____

Have you ever been convicted of a crime or arrested for a felony that has not been expunged by a court?

Yes ___ No ___

(Answering this question in an affirmative answer does not necessarily preclude a hiring decision.)

If Yes to the above question, please provide date, nature of incident, and disposition:

Who referred you? _____ Rate of pay expected: _____

Work Type Desired: Full time Part time Seasonal

Employment History

The following information must be submitted for all employers during the previous three years . If applying to operate a commercial motor vehicle, the following information must be provided for all employers for whom you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

A total of 10 years' work history is required. All gaps in time must be shown.

Current/most recent employer

Business Name	Employment Dates Start Date: End Date:
Address	Position: Salary:
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT controlled substance & alcohol testing? Yes ___ No ___
Phone Number May we contact you? Yes ___ No ___	Were you subject to Federal Motor Carrier Safety Regulations? Yes _____ No _____
Name of Supervisor:	Reason for leaving:

Any gap in employment must be explained. Please include dates (month/year) and reason:

Next previous employer

Business Name	Employment Dates Start Date: End Date:
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Name of Supervisor:	Reason for leaving:

Any gap in employment must be explained. Please include dates (month/year) and reason:

Have you ever been terminated from a prior job, regardless of how long ago? Yes ___ No ___

If Yes, please provide name of employer and reason for termination: _____

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes ___ No ___

If No, please explain: _____

Accident record for past 3 years or more (attach another sheet if necessary)

Last Accident: _____
Date Nature of Accident Injuries Fatalities

Next Previous: _____
Date Nature of Accident Injuries Fatalities

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Date Nature of Accident Injuries Fatalities

Traffic convictions and license forfeitures for the last 3 years (other than parking violation)

State of Violation Location Date Convicted Violation Penalty

State of Violation Location Date Convicted Violation Penalty

State of Violation Location Date Convicted Violation Penalty

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-506 & 104-208, requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by Federal Motor Carrier Safety Regulation 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, e-mail, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the company if a conditional offer of employment is made.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that pursuant to 49 CFR 391.23 I have a right to: review information provided by current employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information if the employer(s) and I cannot agree on the accuracy of the information.

Applicant's Signature

Date

