

Application For Employment

Date _____

Company _____ Street Address _____

City, State and Zip Code _____

Name _____
(First) (Middle) (Last)

Address (Street) (Present) City (State & Zip Code) How Long? _____

For Past 3 Years (Street) City (State & Zip Code) How Long? _____

(Street) City (State & Zip Code) How Long? _____

Telephone Number

_____Social Security Number

In Case of Emergency, Notify

Name _____

Address _____

City/State _____

Telephone _____

Driver Licenses

| State | License No | Type | Expiration Date |
|-------|------------|------|-----------------|
| | | | |
| | | | |
| | | | |

Driving Experience

| Class of Equipment | Type of Equipment (van, tank, flat, etc.) | Dates | | Approx. # of Miles |
|----------------------------|--|-------|----|--------------------|
| | | From | To | |
| Straight Truck _____ | | | | |
| Tractor & Trailer(s) _____ | | | | |
| Bus _____ | | | | |
| Automobile _____ | | | | |
| Other _____ | | | | |

Safe Driving Awards You Now Hold and From Whom? _____

Accident Record For Past 3 Years. (Attach Sheet if More Space Is Needed)

| Dates | Nature of Accident (head-on, rear-end, etc.) | Fatalities | Injuries |
|---------------------|---|------------|----------|
| Last Accident _____ | | | |
| Next Previous _____ | | | |
| Next Previous _____ | | | |

Traffic Convictions And Forfeitures For The Past 3 Years (Other Than Parking Violations)

| Location (City & State) | Date | Charge | Penalty |
|-------------------------|------|--------|---------|
| | | | |
| | | | |
| | | | |

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 _____

Past Employment (Last 3 Years)

Last Employer: Company _____ Supervisor _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons For Leaving _____
Second Last Employer: Company _____ Supervisor _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons For Leaving _____
Third Last Employer: Company _____ Supervisor _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons For Leaving _____

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
(Name) (City)

Special Training Related to Transportation _____

Physical History

List Any Physical Limitations (Such as Eyesight, Limb Impairment, Diabetes, Hearing) _____

Use Corrective Lenses? _____ Use Hearing Aid? _____

Date of Last Physical Examination _____ Doctor's Name and Address _____

Ever Injured on the Job? _____ Give Nature and Degree of Such Injuries _____

How Much Time Lost From Work In Past Three Years For Illness _____

Have you ever received an injury which could affect you in the job position you are applying for? _____

TO BE READ AND SIGNED BY APPLICANT

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without records.

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.

Date

Signature