

DRIVERS APPLICATION FOR EMPLOYMENT



In compliance 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, or the presence of a non-job related medical condition or handicap.

Position Applying For: _____

Name: _____ Social Security No. _____
Last First M.I

Address: _____
Street City State Zip

Phone Number: _____ Age: _____ Date of Birth: _____

Do you have legal right to work in America? Yes No

Have you ever been convicted of a felony? Yes No If so what? _____

Have you worked for this company before? Yes No Reason for leaving? _____

Are you now employed? Yes No If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected? _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code

EMPLOYER		DATE	
NAME:		FROM:	To:
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
		REASON FOR LEAVING:	

EMPLOYER		DATE	
NAME:		FROM:	To:
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
		REASON FOR LEAVING:	

EMPLOYER		DATE	
NAME:		FROM:	To:
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
CONTACT PERSON:		PHONE NUMBER:	
		REASON FOR LEAVING:	

EXPERIENCE & QUALIFICATIONS – DRIVER

Driver Licenses or Permits Held in the Past 3 Years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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 EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES
Straight Truck		
Tractor / Semi- Trailer		
Tractor – Two-Trailers		
Other		

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

PHYSICAL HISTORY

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy metal work? _____

Ever injured on the job? _____ Give nature and degree of such injuries _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and in and information in it are true and complete to the best of my knowledge.

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. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

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 Company, as permitted by Law.

Applicant's Signature

Date