

Name _____

Address _____

Phone () -

Cell () -

Driver Application for Employment



Note to Applicant: Please advise us in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test.

*Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.

Instructions: Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable" (N/A).

Date _____

Position Applied for		Minimum Salary Requirement	
Who referred you to our company? <input type="radio"/> Mail in <input type="radio"/> Employment Agency <input type="radio"/> State Agency <input type="radio"/> Walk in <input type="radio"/> Employee Referral - Name _____ <input type="radio"/> Advertisement <input type="radio"/> College Recruiting <input type="radio"/> Other _____			
Have you ever worked for this company? <input type="radio"/> Yes <input type="radio"/> No	Where?		When?
Have you ever applied with this company? <input type="radio"/> Yes <input type="radio"/> No	Where?		When?
On what date will you be available if your application for employment is accepted?	Would you accept employment in another city? <input type="radio"/> Yes <input type="radio"/> No	Preference	

General Information

Last Name		First	Middle	Social Security Number	
Present Address		City	State	Zip Code	How long?
Previous Address (Last 3 Years)		City	State	Zip Code	How long?
Previous Address (Last 3 Years)		City	State	Zip code	How long?
Telephone Number and Area Code Home () Work ()				*Date of Birth	
Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? <input type="radio"/> Yes <input type="radio"/> No					
Have you ever been fired or asked to resign by an employer? <input type="radio"/> Yes <input type="radio"/> No			If yes, please explain.		
Have you ever been convicted of a felony? (Note: A felony conviction is not an absolute bar to employment.) <input type="radio"/> Yes <input type="radio"/> No			If yes, please explain.		
Name of Person to be Notified in Case of Emergency				Telephone Number and Area Code ()	

Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

An Equal Opportunity Employer That Values Diversity

Employment History

All employment for the previous 10 years must be covered below, including jobs held while in the military. Record your present or last position first and list back in chronological order. Be sure

Name and Address of Employer	Dates Employed (Month/Year)	Position(s) Held and Duties Performed	Salary	Why did you leave?	Name, Title, and Phone Number (if Accessible) of Supervisor	May we contact?
	From _____ To _____	_____ _____ _____	Starting _____ Leaving _____	_____ _____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ _____ _____	Starting _____ Leaving _____	_____ _____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ _____ _____	Starting _____ Leaving _____	_____ _____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ _____ _____	Starting _____ Leaving _____	_____ _____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ _____ _____	Starting _____ Leaving _____	_____ _____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No
	From _____ To _____	_____ _____ _____	Starting _____ Leaving _____	_____ _____ _____	_____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No

Education														
Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4														
Name and Address of Last School Attended														

Driver Experience					
Class of Equipment	Dates		Have You Ever Driven in:	How Long	Miles Operated
	From	To			
Straight Truck			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		
Tractor and Semi-Trailer			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		
Tractor - Two Trailers			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		
Tanker			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		
Auto Carrier			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		
Refrigerated Equipment					
Other _____			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		

List geographic areas operated in for last five years.

Show special courses or training that will help you as a driver.

Which safe driving awards do you hold and from whom?

Accident Review for the Past 3 Years (Attach sheet if more space is needed.)[illegible]

Traffic Convictions and Forfeitures for the Past Three Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

Activities, Additional Information, and Comments

List present and past membership in civic, professional, social, or other organizations, sports, hobbies and other interests.*

*Exclude those which indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

Applicant's Statement

I understand that the Fair Credit Reporting Act, Public Law 91-508, 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 upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain any and all information of concern, whether same is of record or not, and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

(Massachusetts only) - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I certify 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. I further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

Applicant's Signature _____

Date _____