



Application for Employment

To the applicant: Consideration for employment may well be determined by the proper completion of this application in as much as the position for which you are applying will require you to follow written instructions and to complete various forms. (Please print all answers)

Name: _____
(Last) (First) (Middle)

Address: _____
(Number & Street) (City, State, & Zip Code) (How Long)

If at above address less than five years, give addresses for past five years:

(Number & Street) (City, State, & Zip Code) (How Long)

(Number & Street) (City, State, & Zip Code) (How Long)

Phone No. _____ Social Security No. _____ Date of Birth: _____

In Case of Emergency Notify: _____
(Name) (Phone No.)

(Number & Street) (City, State, & Zip Code)

Have you worked for this company before?

If Yes, Where:

From: _____ To: _____ Position: _____
(Month / Year) (Month / Year)

Reason for Leaving: _____

Past Employment (Please give employment for past 10 Years. List most recent first.)

Last Employer Name: _____ Phone No. _____

Address: _____
(Number & Street) (City, State, & Zip Code)

From: _____ To: _____ Position: _____ Salary: _____
(Month / Year) (Month / Year)

Reason for Leaving: _____

2nd Last Employer Name: _____ Phone No. _____

Address: _____
(Number & Street) (City, State, & Zip Code)

From: _____ To: _____ Position: _____ Salary: _____
(Month / Year) (Month / Year)

Reason for Leaving: _____

3rd Last Employer Name: _____ Phone No. _____

Address: _____
(Number & Street) (City, State, & Zip Code)

From: _____ To: _____ Position: _____ Salary: _____
(Month / Year) (Month / Year)

Reason for Leaving: _____



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Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Licenses - List all held during the previous 3 years:

(State)	(CDL License No.)	(Endorsements)	(Exp. Date)	(Address Where License is Received)
(State)	(CDL License No.)	(Endorsements)	(Exp. Date)	(Address Where License is Received)
(State)	(CDL License No.)	(Endorsements)	(Exp. Date)	(Address Where License is Received)
(State)	(CDL License No.)	(Endorsements)	(Exp. Date)	(Address Where License is Received)

Has license ever been revoked or suspended? (Yes / No) When? (Month / Year) Why?

Have you ever been convicted of a crime?

Have you ever been licensed under another name? (Yes / No) How Recently?

Driving Experience

Straight Truck

(Years experience) (From) (To) (Approximate number of miles)

Tractor & Semi-Trailer

(Years experience) (From) (To) (Approximate number of miles)

Tractor & Full Trailer

(Years experience) (From) (To) (Approximate number of miles)

Other

(Years experience) (From) (To) (Approximate number of miles)

Have you been driving regularly for the last three years? (Yes / No) In what states regularly?

Traffic Violations - List all traffic citations in the past 3 years (include commercial & private vehicle).

(Commercial or private vehicle)	(Charge)	(Location)	(Date)	(Name of Court)	(Penalty)
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(Commercial or private vehicle)	(Charge)	(Location)	(Date)	(Name of Court)	(Penalty)

All Accidents - List all, regardless of fault, in the past 3 years (include commercial & private vehicle).

(Last accident date)	(Description)	(Fatalities)	(Injuries)	(Vehicles Towed)
(2nd from last date)	(Description)	(Fatalities)	(Injuries)	(Vehicles Towed)
(3rd from last date)	(Description)	(Fatalities)	(Injuries)	(Vehicles Towed)

Applicant must include copies of accident report(s) with application.



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APPLICANT: READ & SIGN BEFORE SUBMITTING THIS APPLICATION.

EMPLOYMENT AGREEMENT: I HEREBY APPLY FOR EMPLOYMENT AND STATE THAT:

THE FOREGOING INFORMATION WAS FURNISHED BY ME FOR THE PURPOSE OF SECURING EMPLOYMENT AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND AND AGREE THAT FURNISHING OF SAME SHALL NOT OBLIGATE THE PROSPECTIVE EMPLOYER TO EMPLOY ME.

IF EMPLOYMENT IS SECURED, I UNDERSTAND AND AGREE THAT THE FIRST THIRTY DAYS OF SUCH EMPLOYMENT SHALL BE ON A TEMPORARY OR PROBATIONARY BASIS, DURING WHICH PERIOD THE EMPLOYER MAY TERMINATE MY EMPLOYMENT WITHOUT ANY RECOURSE ON MY PART AND IF IT IS PROVEN THAT I FALSIFIED ANY INFORMATION SET FORTH IN THIS APPLICATION I SHALL BE SUBJECT TO IMMEDIATE DISCHARGE AT ANY TIME, NOTWITHSTANDING THE EXPIRATION OF THE AFORESAID THIRTY DAY PROBATIONARY PERIOD OR THE EXPIRATION OF ANY PROBATIONARY PERIOD SET FORTH IN ANY COLLECTIVE BARGAINING COVERING THE UNDERSIGNED.

I AM APPLYING TO OPERATE A COMMERCIAL MOTOR VEHICLE AS DEFINED BY PART 383 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND HAVE SUPPLIED A LIST OF THE NAMES AND ADDRESSES OF MY EMPLOYERS DURING THE 10 YEAR PERIOD PRECEDING THE 3 YEARS REQUIRED BY 391.21B10 FOR WHICH I WAS THE OPERATOR OF A COMMERCIAL MOTOR VEHICLE TOGETHER WITH DATES OF EMPLOYMENT AND THE REASONS FOR LEAVING SUCH EMPLOYMENT. I UNDERSTAND THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR PURPOSE OF INVESTIGATION.

AS REQUIRED BY 391.23 OF THE D.O.T. MOTOR CARRIER SAFETY REGULATIONS, IT IS ALSO AGREED AND UNDERSTOOD THAT UNDER THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, I HAVE BEEN TOLD THAT THIS INVESTIGATION MAY INCLUDE AN INVESTIGATING CONSUMER REPORT.

I AGREE TO TAKE PHYSICAL EXAMINATION AT MY EXPENSE, BY A COMPANY CHOSEN PHYSICIAN, AND ALSO TO DEMONSTRATE MY ABILITY THROUGH TRIAL OR STUDENT TRIPS OR OTHER MEANS DURING MY PROBATIONARY PERIOD.

FAILURE TO DISCLOSE ALL TRAFFIC CITATION OR ACCIDENT INFORMATION WILL BE CAUSE FOR DISQUALIFICATION.

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.

Signature of applicant: _____

Date: _____