



APPLICATION FOR EMPLOYMENT

Notice: Substance & Alcohol Testing is required of applicant driver.

Date: \_\_\_\_\_

Company \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ How Long \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address for Past Three Years:

\_\_\_\_\_ Dates \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_  
(Street) (City) (State) (Zip) (From) (To)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVERS

Driver

License \_\_\_\_\_  
(State) (License Number) (Expiration Date)

Traffic Convictions and Forfeitures for the past 3 years (Other than Parking Violations)

\_\_\_\_\_

\_\_\_\_\_

(Location) (Date) (Charge) (Penalty)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes. No

Has any license, permit or privilege ever been suspended or revoked? Yes. No

(If the answer is yet to either of the two previous questions, attach statement giving details.)

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van. Tank. Flat. Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck _____	_____	_____	_____	_____
Tractor & Semi Trailer _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

**Employment History**

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the preceding three years. List mailing address, street number, city, state and zip code.

Applicants applying to drive a "commercial motor vehicle" as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary)

---

(Employer)	(Date)
Name _____	From: Month _____ Year ____ To: Month _____ Year ____
Address _____	Position Held _____
City _____ State _____ Zip Code _____	Salary/Wages _____
Contact Person _____	Phone Number _____
Reason for Leaving _____	

---

Name _____	From: Month _____ Year ____ To: Month _____ Year ____
Address _____	Position Held _____
City _____ State _____ Zip Code _____	Salary/Wages _____
Contact Person _____	Phone Number _____
Reason for Leaving _____	

(ATTACH SHEET IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY)

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event 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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)