

COLLABORATIVE HEALTH CARE (TRANSPORTATION)

Position(s) Applied for: _____

Name: _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address: _____
Street City
Phone _____ How Long? _____
State Zip Code

Previous Addresses: _____
Street City
Phone _____ How Long? _____
State Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth: ____/____/____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate Pay _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes explain

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.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER		DATE			
NAME		FROM			
		MO	YR	MO	YR
ADDRESS		POSITION HELD			
CITY	STATE	ZIP		SALARY WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER		DATE	
NAME		FROM MO YR	MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO YR	MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO YR	MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER		DATE	
NAME		FROM MO YR	MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY WAGE	
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EMPLOYER		DATE	
NAME		FROM MO YR	MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY WAGE	
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.,

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weights or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including the driver) or (3) is of any size and is used to transport hazardous material in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTQACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YHEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN TANK FLEET DUMP REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN TANK FLEET DUMP REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN TANK FLEET DUMP REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN TANK FLEET DUMP REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHERR _____				

LIST STATES 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? _____

EXPERIENCE AND QUALIFICATIONS-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 ALRADY SHOWN) _____

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 ATTEND (NAME) _____ CITY, STATE _____

TO BE READ AND SIGNED BY APPLICANT

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 _____ Date _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

_____ Cell Phone: _____

Available to Work:

Weekday: AM _____ PM _____ Other _____
Saturday: AM _____ PM _____ Other _____
Sunday: AM _____ PM _____ Other _____