



APPLICANT INFORMATION

Position Applied For: _____		Application Date: _____	
Last Name: _____	First Name: _____	Middle Initial: _____	SSN: _____
Current Address: _____			
City: _____	State: _____	Zip Code: _____	How long? _____
Home Phone: _____		Cell Phone: _____	

List previous addresses for the past 3 years:

Address: _____	City: _____	State: _____	Zip: _____	How long? _____
Address: _____	City: _____	State: _____	Zip: _____	How long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth: _____ (Required for Commercial Drivers)	Can you prove your age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where? _____
Dates: From: _____ To: _____	Rate of Pay: _____ Position: _____
Reason for leaving: _____	

Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how long since last employment? _____
Who referred you? _____	Rate of pay expected: _____

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar for employment. All circumstances will be considered.
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EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 10 years. Add another sheet if necessary. List employers in reverse order starting with the most recent.

Name: _____	From: _____	To: _____
Address: _____	Position Held: _____	Zip Code: _____
City: _____	State: _____	Code: _____
Contact Person: _____	Phone Number: _____	
Reason for leaving: _____	Salary/Wage: _____	
Were you subject to FMCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

Name: _____	From: _____	To: _____
Address: _____	Position Held: _____	Zip Code: _____
City: _____	State: _____	Code: _____
Contact Person: _____	Phone Number: _____	
Reason for leaving: _____	Salary/Wage: _____	
Were you subject to FMCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

Name: _____	From: _____	To: _____
Address: _____	Position Held: _____	Zip Code: _____
City: _____	State: _____	Code: _____
Contact Person: _____	Phone Number: _____	
Reason for leaving: _____	Salary/Wage: _____	
Were you subject to FMCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

Name: _____	From: _____	To: _____
Address: _____	Position Held: _____	Zip Code: _____
City: _____	State: _____	Code: _____
Contact Person: _____	Phone Number: _____	
Reason for leaving: _____	Salary/Wage: _____	
Were you subject to FMCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

Name: _____	From: _____	To: _____
Address: _____	Position Held: _____	Zip Code: _____
City: _____	State: _____	Code: _____
Contact Person: _____	Phone Number: _____	
Reason for leaving: _____	Salary/Wage: _____	
Were you subject to FMCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

Name: _____	From: _____	To: _____
Address: _____	Position Held: _____	Zip Code: _____
City: _____	State: _____	Code: _____
Contact Person: _____	Phone Number: _____	
Reason for leaving: _____	Salary/Wage: _____	
Were you subject to FMCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

Accident Record for past 3 years:

	Date of accident	Nature of Accident (Head-on, rear-end, etc.)	Fatalities	Injuries	Haz. Mat Spill
Most Recent:					
Next previous:					

List all driver licenses or permits held in the past 5 years:

State	License Number	Type	Exp. Date

Suspensions:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give details:
Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give details:

Education:

Highest Grade Completed	Last School Attended and Location (City and State)

TO BE READ AND SIGNED BY THE APPLICANT

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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other personal from all liability in responding to inquiries and releasing information 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

FOR COMPANY USE ONLY

Process Record

Applicant _____
Hired: _____ Applicant Rejected
(Specify Reason): _____

Date _____ Position _____
Employed: _____ Employed: _____

Interviewer _____
Signature: _____ Date: _____

Termination of Employment

Date _____ Position _____
Terminated: _____ Terminated From: _____

Check one: Dismissed Voluntarily Quit Other
(Specify): _____

Supervisor _____
Signature: _____ Date: _____