

DRIVER EMPLOYMENT APPLICATION

Ainsworth Trucking

P. O. Box 10386 Corpus Christi, TX 78460

Office: (361)241-0616 Fax: (361)387-3878 Email: HR@ainsworthtrucking.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status or non-job related disability.

PLEASE PRINT -- COMPLETE IN FULL OR APPLICATION WILL NOT BE CONSIDERED

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

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

PREVIOUS 3 YEARS ADDRESS – attach additional sheet if more space is needed

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT ADDRESS					
CURRENT MAILING ADDRESS					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

Are you now employed? Yes No If not, how long since leaving last employment?

Reason for leaving last employment?

Who referred you? Rate of pay expected?

Have you ever been injured on the job? If yes, provide a date and brief description of injury:

Have you worked for this company before? Yes No If Yes, provide dates: From To

Position: Rate of pay \$

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all driver applicants wishing to drive a commercial vehicle list all employment for the past 10 years of employment history.

Start with the last or current position, including any military experience and work backwards. You are required to list the complete mailing address, including street number, city, state, zip and complete all other information. **Any gaps in employment in excess of one (1) month must be explained.** Attach extra sheets if needed.

CURRENT (MOST RECENT) EMPLOYER

COMPANY					PHONE #		
ADDRESS							
CITY					STATE		ZIP CODE
CONTACT PERSON							
POSITION HELD					FROM MO/YR		TO MO/YR
SALARY/WAGE			REASON FOR LEAVING				
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)							
Were you subject to FMCSR regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was the job a safety sensitive function per FMCSR and subject to alcohol & controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No							

SECOND (MOST RECENT) EMPLOYER

COMPANY					PHONE #		
ADDRESS							
CITY					STATE		ZIP CODE
CONTACT PERSON							
POSITION HELD					FROM MO/YR		TO MO/YR
SALARY/WAGE			REASON FOR LEAVING				
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)							
Were you subject to FMCSR regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was the job a safety sensitive function per FMCSR and subject to alcohol & controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No							

THIRD (MOST RECENT) EMPLOYER

COMPANY					PHONE #		
ADDRESS							
CITY					STATE		ZIP CODE
CONTACT PERSON							
POSITION HELD					FROM MO/YR		TO MO/YR
SALARY/WAGE			REASON FOR LEAVING				
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)							
Were you subject to FMCSR regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was the job a safety sensitive function per FMCSR and subject to alcohol & controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No							

FOURTH (MOST RECENT) EMPLOYER								
COMPANY						PHONE #		
ADDRESS								
CITY					STATE		ZIP CODE	
CONTACT PERSON								
POSITION HELD					FROM MO/YR		TO MO/YR	
SALARY/WAGE			REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)								
Were you subject to FMCSR regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was the job a safety sensitive function per FMCSR and subject to alcohol & controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								

FIFTH (MOST RECENT) EMPLOYER								
COMPANY						PHONE #		
ADDRESS								
CITY					STATE		ZIP CODE	
CONTACT PERSON								
POSITION HELD					FROM MO/YR		TO MO/YR	
SALARY/WAGE			REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)								
Were you subject to FMCSR regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was the job a safety sensitive function per FMCSR and subject to alcohol & controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								

SIXTH (MOST RECENT) EMPLOYER								
COMPANY						PHONE #		
ADDRESS								
CITY					STATE		ZIP CODE	
CONTACT PERSON								
POSITION HELD					FROM MO/YR		TO MO/YR	
SALARY/WAGE			REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)								
Were you subject to FMCSR regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was the job a safety sensitive function per FMCSR and subject to alcohol & controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. *Check this box if none*

DATES (List most recent first)	NATURE OF ACCIDENT (Head-On, Rear-End, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking or Overweight Violations)

Attach additional sheet if more space is needed. *Check this box if none*

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

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

If yes, explain:

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

If yes, explain:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE	
				Y	N
High School					
College					
Other					

OTHER QUALIFICATIONS

PLEASE LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK:

LIST ANY COURSES OR ADDITIONAL TRAINING NOT SHOWN ELSEWHERE ON THIS APPLICATION:

LIST ANY SPECIAL EQUIPMENT YOU HAVE EXPERIENCE WITH:

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations, including contacting current and prior employers, into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

Applicant Signature		Date	
Applicant Name (printed)			

Ainsworth Trucking

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TO BE READ AND SIGNED BY APPLICANT – DRIVER’S AUTHORIZATION TO RELEASE STATE DRIVING RECORD

I have made application for employment with AINSWORTH TRUCKING. I hereby authorize you to release my driving record for the past three years to this company. The purpose of this request is to perform an investigation of my past driving record in accordance with Part 391, Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing information.

Applicant Signature		Date	
Applicant Name (printed)			

TO BE READ & SIGNED BY APPLICANT – DRIVER’S AUTHORIZATION FOR FMCSA CLEARINGHOUSE LIMITED QUERY

I, _____, (*driver’s name*), having submitted an employment application to Ainsworth Trucking, hereby provide consent to Ainsworth Trucking to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Ainsworth Trucking indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Ainsworth Trucking without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Ainsworth Trucking to conduct a limited query of the Clearinghouse, Ainsworth Trucking must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Applicant Signature		Date	
Applicant Name (printed)			

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AUTHORIZATION AND CONSENT FOR EMPLOYMENT VERIFICATION

Applicant's Name (PRINTED)		Social Security #	
<p>Alcohol and Drug Testing: I hereby authorize Ainsworth Trucking to obtain from my prior employers during the three (3) year period preceding the date of this application, information about me regarding alcohol tests with a concentration result of 0.04 or greater, positive drug test results, refusals to be tested (including verified adulterated or substituted drug test results), other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations and, if applicable, completion of return-to-duty requirements following violation of a DOT drug or alcohol regulation. I hereby authorize and consent to the release of such information by my prior employers to the Director of Safety and to the HR Manager of Ainsworth Trucking in person, by telephone, in writing, or by other method of transmission ensuring confidentiality. I hereby authorize the Director of Safety and to the HR Manager of Ainsworth Trucking release such information to any employee of Ainsworth Trucking whose duties require them to assess this application or to make any recommendations or decisions with respect to it.</p> <p>Consumer Reports: I hereby authorize Ainsworth Trucking to obtain one or more consumer reports containing information regarding my employment history, driving record and arrest/conviction record in connection with this application and, if I am hired or qualified, to; 1) obtain additional consumer reports in connection with this application and 2) to obtain additional consumer reports in connection with the continuation of my employment or qualification.</p> <p>Employment Reference: I hereby authorize my prior employers to provide Ainsworth Trucking with all information regarding my performance, safety performance, character, and conduct while in their employ and I hereby release my prior employers from any liability for providing such information.</p>			
Applicant Signature		Date	

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REQUEST FOR PRIOR EMPLOYMENT INFORMATION

APPLICANT'S NAME: _____ SS#: _____ - _____ - _____

COMPANY: _____ PHONE: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: From _____ To _____ Position Held: _____

Period of Employment: From _____ To _____ Position Held: _____

Driver Class: Company Driver Lease Driver Owner-Op Other _____

Equipment: Tractor-Trailer Van Reefer Tank Flat Bed Other _____

Area Driven: OTR Regional Local Other _____

Loads Hauled: _____ Trailer Length: _____

Responsible for maintaining logs? No Yes (If yes, describe:) Paper AOB RD ELD

Accidents: If none, check:

Date	City, State/Description	# Injuries	# Fatalities	Preventable Y/N	Hazmat Y/N
1	_____				
2	_____				
3	_____				

TICKETS: No Yes If yes, describe: _____

LICENSE SUSPENSIONS: No Yes If yes, describe: _____

What license did applicant have? Class: _____ State: _____

Why did applicant leave your employment? _____

Eligible for rehire: Yes No If no, please explain: _____

DRUG and ALCOHOL: Within the last three years, has:

1. This person had an alcohol test with a result of 0.04 or higher concentration? Yes No
2. This person had verified positive drug tests? Yes No
3. This person refused to be tested? Yes No
4. This person had other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug and alcohol rule violation to you? Yes No
6. If you answered "Yes" to any of the above items, did employee complete the return-to-duty process?. . . N/A Yes No

NOTE: If you answered "yes" to item 5, you must provide previous employer's report. If you answered "yes" to item 6, you must also provide appropriate return-to-duty documentation (e.g. SAP reports, follow-up testing record).

Comments:

Info provided by (Signature) _____

Title/Date _____

Phone# _____

Printed Name _____

Email _____