



# **DRIVER APPLICATION** **FOR EMPLOYMENT**

Today's Date: \_\_\_\_\_

**GENERAL INFORMATION**

Name: \_\_\_\_\_  

First
Middle
Last

Present Address: \_\_\_\_\_  

Street
City
State
Zip Code

How long have you lived there? \_\_\_\_\_

Previous Address if less than three years at present address: \_\_\_\_\_  

Street
City
State
Zip Code

How long did you live there? \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Are you legally authorized to work in the United States?  Yes  No

*Proof of eligibility documentation must be provided at time of hire as required by law.*

**EMPLOYMENT DESIRED**

Position Applying For: \_\_\_\_\_

Do you want to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Date available to start work: \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

Have you applied for employment with this company within the last 12 months?  Yes  No

Have you ever worked for us before?  Yes  No

*(If yes, please provide your name of record at that time, job title, and dates of employment):*

\_\_\_\_\_

**EDUCATION**

	High School	Technical College	College	Other
School Name & Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

List additional education if it is related to the job for which you are applying: \_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE & QUALIFICATIONS**

<b>DRIVER LICENSE</b>			
<i>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 three (3) years; attach additional sheets if needed.</i>			
STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

<b>DRIVING EXPERIENCE</b>				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (FLATBED, TANK, ETC.)	DATES		APPROXIMATE NUMBER OF MILES ANNUALLY
		FROM	TO	
STRAIGHT TRUCK (flatbed)				
TRACTOR & SEMI TRAILER				
WRECKER & RECOVERY				
OTHER _____				

<b>ACCIDENT RECORD FOR PAST 3 YEARS</b>			
<i>Check this box if None <input type="checkbox"/> (Attach additional sheets if more space is needed)</i>			
DATE	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURED

<b>TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)</b>			
DATE	VIOLATION/CHARGE	LOCATION	PENALTY

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

If yes, explain \_\_\_\_\_

\_\_\_\_\_

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

If yes, explain \_\_\_\_\_

**EMPLOYMENT HISTORY****Please Start With Your Present or Most Recent Position**

**The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle, previously, you must provide employment history for an additional seven (7) years, for a total of ten (10) years.**

NAME OF LAST EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No**

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No**

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No**

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No**

**MISCELLANEOUS**

Has your employment with any employer ever been involuntarily terminated?  Yes  No

\*If yes, please identify the employer, date of termination and reason for termination: \_\_\_\_\_

## REFERENCES

Please provide the names of three references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Email Address	Years Known and In What Capacity
1.			
2.			
3.			

## SIGNATURE

***Please read the following carefully before signing this application.***

- I certify 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.
- I understand that the misrepresentation or omission of facts on this application, on my resume, or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment. I also understand that I am required to abide by all Company policies, procedures, rules, and regulations.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, per the Employee Handbook and this Company has the right to terminate my employment at any time, per the Employee Handbook.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- I authorize this Company and its representatives to make investigations (including contacting current and prior employers, schools, and all others) for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I hereby authorize my prior employers, schools, and others to provide this Company any related information, personal, or otherwise they may have regarding me which will be used to determine if I am qualified to perform the job duties for which I am applying. I release this Company and them from any liability in responding to inquiries resulting from the release of this information.

**By signing below, I acknowledge that I have read, understand and agree with the above statements.**

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Signature of Applicant

Date