

Do you have a valid *Driver's License*? **YES** **NO**

Can you drive a stick shift automobile? **YES** **NO**

DRIVER'S LICENSE INFORMATION:

List each unexpired commercial motor vehicle operator's license or permit that has been issued to you:

Issuing State: _____ Driver's License No.: _____ Expiration Date: _____ Endorsement: _____

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List all motor vehicle accidents in which you were involved during the 3 years preceding the date the application is submitted. If none, write none:

Date Offense/Nature

Fatalities/Personal Injuries

List all violations of motor vehicle laws or ordinances (other than violations involving parking only) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted:

(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**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
MOTORCOACH/SCHOOL BUS			
OTHER			

If the answer to either (A) or (B) is yes, attach statement giving details _____

DRIVING EXPERIENCE (IF NONE, WRITE NONE):

List States operated in for the last five years: _____

List special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

TECHNICAL, PROFESSIONAL, MANAGERIAL SKILLS:

Show any trucking, transportation or other experience that may help in your work for this company. List special equipment, technical materials you can work with, training abilities or noteworthy achievements (other than those already shown)

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 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. Attach additional sheets if necessary.) In accordance with §391.21, Application for Employment, this section may be used for the purpose of performing a mandatory safety investigation into your background as required by §391.23, Your past employers will be contacted as part of this investigation.

1	Company Name and Mailing Address		Telephone
	Job Title	Name of Supervisor	Dates Employeed (month/year)
	Description of work performed by you in this position		Weekly Pay
	May we contact this Employer? YES NO	If "NO", Why not?	Start: End: Reason for Leaving?

2	Company Name and Mailing Address		Telephone
	Job Title	Name of Supervisor	Dates Employeed (month/year)
	Description of work performed by you in this position		Weekly Pay
	May we contact this Employer? YES NO	If "NO", Why not?	Start: End: Reason for Leaving?

3	Company Name and Mailing Address		Telephone
	Job Title	Name of Supervisor	Dates Employeed (month/year)
	Description of work performed by you in this position		Weekly Pay
	May we contact this Employer? YES NO	If "NO", Why not?	Start: End: Reason for Leaving?

4	Company Name and Mailing Address		Telephone
	Job Title	Name of Supervisor	Dates Employeed (month/year)
	Description of work performed by you in this position		Weekly Pay
	May we contact this Employer? YES NO	If "NO", Why not?	Start: End: Reason for Leaving?

***Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

You have the right to review information provided by previous employers. If you believe the information contains errors, you have the right to have those errors corrected and the revised information resent to prospective employers. You have the right to have a rebuttal statement attached to any alleged erroneous information if you and the previous employer cannot agree on the accuracy of the information.

Name of School	Location (City/State)	Course of Study	No. of Years Completed	Did you Graduate?	Diploma/Degree
Grammar School				Yes No	
High School				Yes No	
College				Yes No	
Other				Yes No	

EDUCATION

REFERENCES

Please provide the names and contact information of individuals the Company can contact as references for you personally and for your work performance. Please provide at least one of each reference type. The Company will contact these individuals as part of the pre-hire background investigation process. By completing and signing this application, you are giving the Company expressed permission to make these contacts and to discuss you with the references.

REFERENCE NAME	CONTACT INFORMATION	RELATIONSHIP	WORK or PERSONAL

PLEASE READ AND SIGN THIS SECTION

I certify that this application was completed by me. I certify that all of the information contained in this Application or any other document I have submitted to the Company is true, accurate and complete to the best of my knowledge. I understand that if any of this information is false, incomplete, or misleading, it may be grounds for rejection of my application for employment.

Furthermore, I understand that if false, incomplete, or misleading information is discovered after I have been employed by the Company, such discovery may be cause for the termination of my employment.

By submitting this application and/or any other documents, I agree to comply with the Company's rules and regulations. I further understand that if hired and where permissible by law, I will be an "at-will" employee, that is, my employment and compensation will not be for a definite period and my employment can be terminated at any time by me or by the Company, with or without cause or prior notice, regardless of the successful completion of any introductory or probationary period. I further understand that no recruiter, interview, or other representative of the Company, other than an officer of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing and none has done so.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other ongoing employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I understand and agree as a condition of employment or continued employment that I will be required to take a pre-employment substance abuse test, take a substance abuse and/or alcohol screening test at any time where the Company determines there is probable cause to do so, and that the test results must be satisfactory to the Company. I also agree to take a post-offer medical examination if requested. I understand that any offer to hire is conditioned upon results satisfactory to the Company of any required pre-employment test, substance abuse test, background investigation, and Company medical examination or inquiries.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, or a rotating work schedule that includes Saturday and Sunday. I understand and accept these, if hired, as conditions of my continued employment.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Signature (please do not print): _____ Date: _____

FOR COMPANY USE ONLY (Check Off)			
Interviewed by: _____	Date: _____	Hired?	YES NO
Start Date: _____			
Previous Employer Information Request? _____	Road Test? _____		
State MVR for past 3 years? _____	Pre-Employment Physical? _____		
Drivers' Cert of Violations (App)? _____	Medical Cert? _____		
Copies to Attach: Drivers License: ___ Medical Cert: _____			