

# Application for Employment

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

## PERSONAL INFORMATION

Date \_\_\_\_\_ Referred by \_\_\_\_\_

Your name in full \_\_\_\_\_ XXX -XX-  
First Middle Initial Last Social Security No.

\*Current address \_\_\_\_\_  
Street City State Zip

\*If at the above residence less than seven years, please list previous residence below for the past seven years. Attach a separate sheet if necessary.

_____	Street	City	State	Zip
_____	Street	City	State	Zip
_____	Street	City	State	Zip

Home phone number ( \_\_\_\_\_ ) \_\_\_\_\_

Other phone number where you could be reached ( \_\_\_\_\_ ) \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No  
(If offered employment, you will be required to provide documentation to verify eligibility.)

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

## GENERAL INFORMATION

Have you ever been employed by this company before?  Yes  No

If Yes, please complete the following:

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain fully on a separate sheet of paper including felony type(s), conviction(s), dates, etc. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

List activities. For example Civic, Athletic, Organizations, etc. (Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color or national origin of its members)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DESIRED**  
 Position (s) being applied for? \_\_\_\_\_  
 When can you report to work? \_\_\_\_\_ Salary/hourly rate do you expect (approx)? \_\_\_\_\_  
 What hours of work are you available to work? \_\_\_\_\_ Days? Mon, Tue, Wed, Thr, Fri, Sat

**EMPLOYMENT HISTORY** Give your full employment, voluntary, military and other work experience record - start with your current or most recent experience. More sheets will be provided if needed.

EMPLOYER	MAY WE CONTACT FOR REFERENCE? [ ] YES [ ] NO	DATES	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number	Reason For Leaving	
Work Duties			

Were you subject to the FMCSRs\* while employed? [ ] Yes [ ] 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? [ ] Yes [ ] No

EMPLOYER	MAY WE CONTACT FOR REFERENCE? [ ] YES [ ] NO	DATES	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number	Reason For Leaving	
Work Duties			

Were you subject to the FMCSRs\* while employed? [ ] Yes [ ] 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? [ ] Yes [ ] No

EMPLOYER	MAY WE CONTACT FOR REFERENCE? [ ] YES [ ] NO	DATES	
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Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone Number	Reason For Leaving	
Work Duties			

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 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? [ ] Yes [ ] No

\* Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on the highway in interstate commerce to transport passengers or property when the vehicle, weighs or has a GVWR of 26,001 lbs or more, or is designed or used to transport 9 or more passengers, or is used to transport hazardous materials in a quantity requiring placarding.

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**EDUCATION AND SKILLS**

Give record of all High Schools, Colleges, Universities and Special Schools you have attended.

NAME OF SCHOOL	ADDRESS OF SCHOOL	GRADE COMPLETED OR DEGREE(s)	# OF YEARS COMPLETED	SUBJECTS STUDIED OR MAJOR

List any licenses, certifications or additional educational courses taken (for example, CPA, etc.)

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List any software experience and/or training

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**PROFESSIONAL REFERENCES** (Other than previously listed). Give the names and addresses of persons who know you and your work history.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Business or Position \_\_\_\_\_ Years Known \_\_\_\_\_

  

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Business or Position \_\_\_\_\_ Years Known \_\_\_\_\_

  

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Business or Position \_\_\_\_\_ Years Known \_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATION** Answer the questions in this section only if applying for a driver position.

**LICENSES**

Drivers licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
 If you answered "Yes" to A and/or B attach a statement giving 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	Dump, Front Loader, Roll Off, Rotator, Van, Tank, Flat, Refer			
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Dump, Van, Tank, Flat, Refer			
Tractor Two Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Dump, Van, Tank, Flat, Refer			
Tractor Three Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Dump, Van, Tank, Flat, Refer			
Motor Coach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No More than 8 passengers				
Motor Coach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No More than 15 passengers				
Other				
Other				

List states operated in during last five years: \_\_\_\_\_

Show special courses or training taken as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATION (cont'd)** Answer the questions in this section only if applying for a driver position.

**ACCIDENT RECORD for the past 3 years, if none, write none (attach separate sheet of paper if needed)**

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				
Next Previous				
Next Previous				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURE for the past 3 years, if none, write none (attach separate sheet of paper if needed)**

LOCATION	DATES	CHARGE	PENALTY

**TO BE READ AND SIGNED BY APPLICANT. PLEASE READ VERY CAREFULLY**

I authorize you to make such investigations and inquiries of my 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 persons from all liability in responding to inquiries and releasing information in connection with my application.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I understand this decision is to rest with the Company.  
If employed, I agree to hold in strictest confidence any information concerning the Company, its Customers, and its Agents, which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Company, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of the Company, other than the Owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this Application For Employment does not guarantee that I have been employed by this Company.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in me not being considered for employment, and if not discovered by the Company until after becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the Company requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. I also understand that the Company requires the successful completion of reference/background checks. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Company's discretion.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DRIVER APPLICANTS ONLY**

I understand that information I provide regarding current and/or previous employers may be used 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 the information provided by previous employer(s);
- Have errors in the information corrected by previous employees and for those previous employers to send corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information from the previous employer(s) that I cannot agree on the accuracy of the information.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_