

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Interview (Month/Day/Year): / /
Applicant Data	Position Applied for:
How were you referred to us:	

Full Name: _____

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

Phone: _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security Number: - - Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

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

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): _____ State: _____

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 _____
 IF THE ANSWER TO EITHER A OR B IS YES. ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

PERSONAL INFORMATION

FULL NAME:

S/S#: _____

REFERRED BY? _____

WHERE DID YOU SEE OUR AD? _____

YOUR ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

PHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL _____

DATE OF BIRTH _____

DRIVING INFORMATION

CDL OR LICENSE NUMBER _____

EXPIRATION DATE OF LICENSE: _____

LICENSE STATE: _____

IF CDL, WHAT CLASS (CHECK) CLASS A _____ CLASS B _____ CLASS C _____

ENDORSEMENTS (CHECK)

HAZMAT _____ DOUBLE/TRIPLE _____ TANKER _____

ARE YOU TRUCK SCHOOL GRADUATE? _____

SCHOOL NAME _____

ADDRESS OF SCHOOL _____

DMV, MVR, AND OTHER BACKGROUND INFORMATION:

NUMBER OF PREVENTABLE ACCIDENTS/INCIDENTS _____

NUMBER OF NON-PREVENTABLE ACCIDENTS/INCIDENTS IN THE LAST THREE (3) YEARS?

HAVE YOU HAD ANY FATALITY ACCIDENTS OR WITH DAMAGES IN EXCESS OF \$10,000?

HAVE YOU EVER HAD CARELESS DRIVING OR EXCESSIVE SPEED (15 + MPH)?

HAVE YOU EVER FAILED A DRUG TEST? _____

HAVE YOU EVER REFUSED A DRUG TEST? _____

HAVE YOU EVER HAD A FELONY CONVICTION? _____

IF SO, WHEN? _____

HAVE YOU EVER BEEN DENIED A LICENSE OR PERMIT FOR OPERATING A MOTOR VEHICLE?

_____ IF SO, WHEN? _____

HAVE YOU EVER BEEN REFUSED ANY TYPE OF INSURANCE OR BEEN DENIED BONDING?

_____ IF SO, WHEN? _____

HAVE YOU EVER BEEN DISCHARGED OR SUSPENDED WHILE WORKING FOR ANOTHER EMPLOYER?

_____ IF SO, WHEN? _____

HAVE YOU EVER NOT PAID A TRAFFIC VIOLATION? _____

HAVE YOU EVER FAILED TO APPEAR IN COURT FOR A CITATION?

WORK HISTORY

COMPANY NAME _____

COMPANY PHONE NUMBER _____

COMPANY ADDRESS _____

DATES OF EMPLOYMENT _____

COMPANY NAME _____

COMPANY PHONE NUMBER _____

COMPANY ADDRESS _____

DATES OF EMPLOYMENT _____

COMPANY NAME _____

COMPANY PHONE NUMBER _____

COMPANY ADDRESS _____

DATES OF EMPLOYMENT _____

COMPANY NAME _____

COMPANY PHONE NUMBER _____

COMPANY ADDRESS _____

DATES OF EMPLOYMENT _____

ANY SPECIAL AWARDS OR EDUCATION:

DO YOU HAVE EXPERIENCE WITH?

<input type="checkbox"/> HHG	<input type="checkbox"/> EXPEDITED	<input type="checkbox"/> AGRICULTURAL
<input type="checkbox"/> TANKER	<input type="checkbox"/> REEFER	<input type="checkbox"/> DUMPS
<input type="checkbox"/> VAN	<input type="checkbox"/> FLATBED	<input type="checkbox"/> DOUBLE/TRIPLE
<input type="checkbox"/> AUTO CARRIER	<input type="checkbox"/> HOUSEHOLD GOOD	<input type="checkbox"/> HAZEMAT

DO YOU PREFER TO PULL ?

<input type="checkbox"/> HHG	<input type="checkbox"/> EXPEDITED	<input type="checkbox"/> AGRICULTURAL
<input type="checkbox"/> TANKER	<input type="checkbox"/> REEFER	<input type="checkbox"/> DUMPS
<input type="checkbox"/> FLATBED	<input type="checkbox"/> SPECIALIZED	<input type="checkbox"/> VAN
<input type="checkbox"/> AUTO CARRIER	<input type="checkbox"/> DOUBLE/TRIPLE	<input type="checkbox"/> HAZEMAT

SAFE DRIVING IS IMPORTANT TO US...

YEARS OF VERIFIABLE OTR EXPERIENCE
 YEARS OF OTR LAST THREE YEARS
 MOVING VIOLATIONS IN THE LAST THREE YEARS
 LICENSE EVER SUSPENDED OR REVOKED?
 DRIVING UNDER THE INFLUENCE CHARGES?
 IF YES, HOW LONG AGO?
 DO YOU HAVE PENDING DUI CHARGES?
 RECKLESS DRIVING CHARGES?
 FEDERAL CONVICTIONS?
 NUMBER OF ACCIDENTS/COLLISIONS IN THE PAST 3 YEARS?
 TRAFFIC VIOLATIONS IN THE PAST 3 YEARS?
 HOW MANY YEARS OF DRIVING EXPERIENCE?
 DO YOU HAVE ANY DRUG CONVICTIONS? IF SO WHEN? _____

COMMENTS: (If you answered yes to any of the above questions, you are required to give details)
