

# APPLICATION FOR EMPLOYMENT

Application & Authorization to Contact Prior Employers



## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION

Position or Type of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

### College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
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Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
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Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

List all DOT controlled substance/alcohol test results from the past three years					
Employer	Were you subject to the Federal Motor Carrier Safety Regulations?	Were you subject to DOT Controlled substances/alcohol testing?	Was there a violation?	If there was a violation, have you completed the evaluation and return-to-duty requirements imposed by Subpart O of 49 CFR Part 40?	If there was a violation, have you completed the required follow-up testing?

- 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
- C) Do you hold more than one license to operate a motor vehicle?  Yes  No

If the answers to A, B, or C is Yes, give details below:

For all employers during the previous three years, provide the following information (attach sheet if more space is needed). If none, write none.

Dates	Type of Vehicle	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities (Yes or No)	Injuries
Last Accident:				
Next Previous:				
Next Previous:				

**TRAFFIC CONVICTIONS & FORFEITURES**

List traffic convictions and forfeitures for the past three (3) years (other than parking violations). If none, write none.

Location	Type of Vehicle	Date	Charge	Penalty

**DRIVER EXPERIENCE AND QUALIFICATIONS**

**Drivers' Licenses**

State	License Number	Type	Expiration Date

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate No. of Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

List All Certifications: \_\_\_\_\_

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

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

**SPECIAL SKILLS AND QUALIFICATIONS**

List any special job-related skills, training, awards, or experience you believe will be helpful in evaluating your application, including accomplishments, professional/trade/business or civic activities, etc.

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

**REFERENCES**

Give name and telephone number of three business references that are not related to you. Include how you know these references, how long you have known them, and their occupation.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**COMPLIANCE CERTIFICATION**

In compliance with the Federal Motor Safety Regulations and the stated policy of the motor carrier and in consideration of my continued qualification as a driver for the motor carrier, I understand and will comply with the following provisions as required by the Federal Motor Carrier Safety Regulations:

- (1) I will notify the motor carrier within 30 days of any conviction of a moving violation.
- (2) I will notify the motor carrier immediately if my operator’s license is suspended, revoked or canceled or if I am disqualified as a driver.

**TO BE READ AND SIGNED BY APPLICANT**

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

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

\_\_\_\_\_  
 DATE APPLICANT’S SIGNATURE

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. I understand that any misrepresentation of information herein may result in my disqualification as a driver of the motor carrier’s vehicles. I understand that I am not an employee of the motor carrier.

\_\_\_\_\_  
 DATE APPLICANT’S SIGNATURE