

Applicant Name _____ Date _____
(print)

Employer Information

To be Completed by Employer

Company Name _____

Address _____ Street _____

City _____ State _____ Zip Code _____

ALL APPLICANTS - Please read the following and address any questions to a Human Resource Representative before signing.

- I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents, may result in dismissal.
- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
- I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicant's background as required by 49CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from providing such information.
- I understand that from time to time the company may be asked to submit/release certain information, including but not limited to, my employment or application for employment. I release the company and it's agents from any liability resulting from submitting/releasing such information.
- I acknowledge that the company may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
- I understand that this company is an Equal Opportunity Employer.

Signature of Applicant _____ Date _____

HUMAN RESOURCES USE

Date offered _____ Salary offered _____

Start date _____ Job title _____

Department _____ Supervisor _____

Interviewed by _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Reason for Termination _____

Terminated

Voluntary Separation

EMPLOYEE APPLICATION - TRANSPORTATION

Candidate Information

To be Completed by All Applicants

Positions/Type of work for which you are applying: _____

Salary expected: _____ When can you start? _____

Date of Application _____ Social Security Number _____

Name Last First Middle

Address Street

City State Zip Code

Home Phone Business Phone

| Previous Addresses | State | Zip Code | Phone | How Long? |
|--------------------|--------|----------|------------------|-----------|
| | Street | City | State & Zip Code | yr./mo. |
| | Street | City | State & Zip Code | yr./mo. |
| | Street | City | State & Zip Code | yr./mo. |
| | Street | City | State & Zip Code | yr./mo. |

Date of Birth (required for CDL drivers) _____

• Can you provide proof of age? Yes No

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

• Can you provide required proof of eligibility to work? Yes No

• Have you previously been employed by this company? Yes No

If yes, from _____ to _____ In what position? _____

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

If yes please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

Employment Experience

List most recent position first

Please list the names and addresses of all employers during the preceding three years.

If you are currently employed, may we contact your employer? Yes No

Applicants to drive a commercial motor vehicle in intrastate or 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. Add another sheet as necessary.)

| EMPLOYER | DATE | | | |
|---|--|-----|--------|-----|
| | From Mo. | Yr. | To Mo. | Yr. |
| Name | Position held | | | |
| Address | Salary/wage | | | |
| City State Zip | Reason for leaving | | | |
| Contact Person | Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | |
|---|----------|-----|--------------------|-----|
| Name | From Mo. | Yr. | To Mo. | Yr. |
| Address | | | Position held | |
| City | State | Zip | Salary/wage | |
| Contact Person | | | Reason for leaving | |
| Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| EMPLOYER | | | DATE | |
|---|----------|-----|--------------------|-----|
| Name | From Mo. | Yr. | To Mo. | Yr. |
| Address | | | Position held | |
| City | State | Zip | Salary/wage | |
| Contact Person | | | Reason for leaving | |
| Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| EMPLOYER | | | DATE | |
|---|----------|-----|--------------------|-----|
| Name | From Mo. | Yr. | To Mo. | Yr. |
| Address | | | Position held | |
| City | State | Zip | Salary/wage | |
| Contact Person | | | Reason for leaving | |
| Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| EMPLOYER | | | DATE | |
|---|----------|-----|--------------------|-----|
| Name | From Mo. | Yr. | To Mo. | Yr. |
| Address | | | Position held | |
| City | State | Zip | Salary/wage | |
| Contact Person | | | Reason for leaving | |
| Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| EMPLOYER | | | DATE | |
|---|----------|-----|--------------------|-----|
| Name | From Mo. | Yr. | To Mo. | Yr. |
| Address | | | Position held | |
| City | State | Zip | Salary/wage | |
| Contact Person | | | Reason for leaving | |
| Were you subject to the FMCSR while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 40 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Please list all other violations of motor vehicle laws or ordinances (other than parking) for which you were convicted or forfeited bonding during the last three years.

Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended? yes no
If so, please describe all facts and circumstances.

Driver Experience and Qualifications

Please list the State, driver's license number or permit number and expiration date of each unexpired commercial driver's license or permit issued to you.

State _____ GDL/Permit # _____ Expiration date _____

Please list all motor vehicle accidents in which you were involved during the last three years.

1) Date of Accident _____ Number of Injuries _____ Number of Fatalities _____

Description of Accident _____

Did you receive a citation? If so, explain. _____

2) Date of Accident _____ Number of Injuries _____ Number of Fatalities _____

Description of Accident _____

Did you receive a citation? If so, explain. _____

3) Date of Accident _____ Number of Injuries _____ Number of Fatalities _____

Description of Accident _____

Did you receive a citation? If so, explain. _____

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 | (Van, Tank, Flat, Dump, Refer) | | | |
| Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No | (Van, Tank, Flat, Dump, Refer) | | | |
| Tractor - Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No | (Van, Tank, Flat, Dump, Refer) | | | |
| Tractor - Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No | (Van, Tank, Flat, Dump, Refer) | | | |
| Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 8 passengers</small> | — | | | |
| Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 15 passengers</small> | — | | | |
| Other _____ | | | | |

List States operated in for last five years: _____

- Show special courses or training that will help you as a driver: _____

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

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last school attended (Name) _____

(City, State) _____

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.

Signature: _____ Date: _____