

Have you ever worked for this company under another name? _____ If so, under what _____

<p>Driver Experience & Qualifications Answer the questions in this section only if applying for driver position</p>
Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth Social Security No. _____ - _____ - _____

DRIVER EXPERIENCE & QUALIFICATION Answer the question in this section only if applying for driver position
Licenses

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

- 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. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___
 If you answer "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates From	To	Approximate Total Miles
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LVC's				
other				

List States operated in during last five years _____

List special courses or training that will help you as a _____
 List driving awards held and who awards were presented by? _____

Accident Review for past 3 years (attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three (3) years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. 391.21 (B) (10),(11) Start with **Last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ **Supervisors Name:** _____

Address: _____ **Phone:** () _____

Position Held: _____ **From:** _____ **To:** _____ **Salary:** _____

mm/dd/yr

mm/dd/yr

Reason for leaving? _____

previous Employer: _____ Supervisors Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
mm/dd/yr mm/dd/yr

Reason for leaving? _____

Pervious Employer: _____ Supervisors Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
mm/dd/yr mm/dd/yr

Reason for leaving? _____

MAINTANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintance work: _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical		
			Repair		
Gas Engine Tune-up and Rebuild			Frame and		
			Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and experience in the following	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Time Serv. Machine		
			Wheel & Tire		
			Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle			Engine		
Straightening Equipment			Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack		
			Defector		

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Shop Equipment

Indicate training and experience in the following	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

CLERICAL EXPERIENCE & QUALIFICATIONS

List Courses and Training if Office Work _____

Indicate Training and Experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equip. (indicate type)		
Filing					
Computers (indicate software)			Tabulator		
Word processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck etc.) _____

List courses or training in platform work _____

PERSONAL REFERENCES

Below give the names of three (3) people not related to you, who have known you for at least one (1) year

NAME	ADDRESS	BUSINESS	PHONE (INCLUDING AREA CODE)	YEARS KNOWN
1.				
2.				
3.				

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigating may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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 Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant Hired? _____ Yes _____ No

Date of Birth _____ (month/day/year)

Date Employed _____

Point Employed _____

Department _____

Classification _____

(if not hired, summary report of reasons should be placed in file)

IN CASE OF AN EMERGENCY NOTIFY: _____ Phone (_____) _____

Address _____

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE
PROCESS RECORD**

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*driver applicants only

Signature of Interviewing Officer: _____ Date: _____

TRANSFERS

From: _____ To: _____

From: _____ To: _____

Date: _____

Date: _____

Reason for Transfer _____ Reason for Transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Departure Released from _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____