



APPLICATION FOR EMPLOYMENT TRUCK DRIVER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position(s) Applied for _____ Date of Application _____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Address _____
(Street Address)

(City) (State) (Zip Code) How long at this address? _____

Phone () _____ Cell () _____ Email _____

Previous Addresses Last 3 Years {
Address _____ How long? _____
Address _____ How long? _____
Address _____ How long? _____

In case of emergency notify _____ Phone () _____

Are you 21 years of age or over? (Answer only if applying for driving position) YES NO

How did you hear about this position or who referred you? _____

Do you have the legal right to work in the United States? YES NO

Have you ever worked for this company before? YES NO

Have you ever been convicted of a felony? YES NO If yes, describe and explain the nature of the crime and the legal disposition of the case: _____

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

Have you ever been convicted or have a current charge pending for driving while intoxicated? YES NO

Are you interested in: Full Time Part Time Short Haul Long Haul

Experience with: Straight Truck Semi Doubles Flat Bed Refrigeration Dump Truck

How many years have you been driving truck? _____ How much over-the-road experience? _____

List the types of materials you've hauled: _____

Applicant's Initials (_____)

EMPLOYMENT HISTORY

Begin with your present employment status and work backwards in order. All time must be accounted for including military service, school, unemployment, and or self-employment.

Note: The Federal Motor Carrier Safety Regulations (FMCSR'S) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employed <input type="checkbox"/>	From _____	Name _____ Supervisor _____
Unemployed <input type="checkbox"/>	(Month, Year)	Address _____
Self-employed <input type="checkbox"/>		Phone _____ Position Held _____ Rate of Pay _____
Other <input type="checkbox"/>	To _____	Subject to FMCSR'S? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(Month, Year)	Drug and Alcohol Testing Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Reason for leaving _____

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Self-employed <input type="checkbox"/>		Phone _____ Position Held _____ Rate of Pay _____
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		Reason for leaving _____

Applicant's Initials (_____)

TRAINING

List driver training or special courses:

COURSE TITLE	ORGANIZATION	STATE	DATE

AWARDS

List driver awards, recognitions, achievements and honors:

TITLE	ORGANIZATION	STATE	DATE

LICENSE

List all driver's licenses held past 5 years:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

ACCIDENTS

List accident record past 3 years:

DATE	NATURE OF ACCIDENT	STATE	FATALITIES	INJURIES

TRAFFIC CONVICTIONS

List traffic convictions and forfeitures past 3 years:

DATE	CHARGE	STATE	PENALTY

EDUCATION

Circle highest grade completed Elementary: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____ City _____ State _____

MILITARY STAUS

Have you ever served in the U.S. Armed Forces? _____ Branch _____

From _____ To _____ Rank at discharge _____

Applicant's Initials (_____)

TO BE READ AND SIGNED BY APPLICANT

I authorize this company, _____, to make such investigations and inquires of my personal, employment, financial, and medical history as well as other related matters as may be necessary in arriving at an employment decision. I hereby release all individuals, firms, and organizations from all liability in responding to inquiries and releasing information in connection with this application.

I understand that information provided 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 previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer.
- 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.

It is agreed and understood that any misrepresentations of information given, either verbal or in writing, shall be considered as falsification and grounds for immediate disqualification and/or termination.

Applicant's Signature _____ Date _____

PREVIOUS EMPLOYER RECORD REVIEW TRUCK DRIVER

To: Previous Employer _____
 Contact Name _____
 Address _____
 Telephone _____ Fax _____
 Email _____

Good Faith Effort

Mailed _____
 Faxed _____
 Emailed _____

Notes: _____

From: Prospective Employer _____
 Contact Name _____
 Address _____
 Telephone _____ Fax _____
 Email _____

Driver Information

Driver Name _____ Date of Application _____
 Name _____ Social Security No. _____
 (Last) (First) (Middle)
 Address _____
 (Street Address)
 _____ Date of Birth _____
 (City) (State) (Zip Code)

The driver named above was employed by our company? YES NO { From _____ (Month, Year)
 To _____ (Month, Year)

There is no safety performance history or drug/alcohol testing issues to report: Check here sign below and return.

There is/are safety performance or drug/alcohol testing issues to report: Check here Provide information, sign below and return.

ACCIDENTS

List accident record past 3 years:

DATE	NATURE OF ACCIDENT	STATE	FATALITIES	INJURIES

Drug or Alcohol Testing Issues

List any drug or alcohol testing information and/or results:

DATE	NATURE OF ISSUE

Signature _____ Title _____ Date _____

Driver Proficiency



_____ (Company)

Date: _____

Driver's Name: _____

License Number: _____

This driver is capable of operating within our operation the following types of vehicles and combinations:

This driver has demonstrated his or her ability to safely operate each vehicle and combination in the above list on the highway unsupervised.

Proficiency Road Tester's Name: _____
Tester's Signature: _____

For detailed information on California BIT program driver proficiency refer to California Title 13 CCR 1229 and 13 CCR 1234(b).