

Employment Application

Application Date ____ / ____ / ____ Position Applying for: _____

DEMOGRAPHICS

Name (as listed on license) _____

License # _____ Class _____ Expiration Date _____

Address _____

Company Name (If Applicable) _____

Company Address _____

Contact Numbers _____
Home Cell Alternate

SSN/EIN _____ Date of Birth _____ Age _____

Emergency Contact _____
Name Relationship Number

PREVIOUS 3 ADDRESSES

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

VEHICLE

Make Model Year

4-Door Vehicle: Yes No License Plate # State

Vehicle Identification # Registration Exp. Date

Exterior Color Interior Color Seat Material: Cloth Leather

EDUCATION HISTORY

Diploma/GED Yes No Highest grade completed High School Attended _____

Years of College Type of Degree _____ Major _____ College Attended _____
(If Applicable)

Post Graduate Yes No Major _____ College Attended _____

DRIVING EXPERIENCE

| Class of Equipment | From | To | Approximate # of Miles |
|---------------------------|------|----|------------------------|
| Straight Truck | | | |
| Tractor & Semi-Trailer | | | |
| Tractor & Two Trailers | | | |
| Tractor & Triple Trailers | | | |
| Other | | | |

List states operated in, for the last 5 years _____

List special courses/training completed (PTD/DDC, HASMAT, etc) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past 3 years: (attach sheet if more space is needed)

| Date of Accident | Nature of Accident (head on, rear end, etc) | Location of Accident | # of Fatalities | # of People Injured |
|------------------|--|----------------------|-----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Driver's License (list each driver's license held in the past 3 years)

| State | License | Type | Endorsements | Expiration Date |
|-------|---------|------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

Yes

No

Have you ever been convicted of a felony?

Yes

No

If the answers to any questions listed above are "yes," give details _____

EMPLOYMENT HISTORY

Give a COMPLETE RECORD of all employment, including any unemployment, self-employment and all commercial and noncommercial driving experience.

Employer _____ Start _____ End _____

Address _____

Position Held _____ Supervisor's Name _____ Contact# _____

Reason for Leaving _____

Duties _____

Were you subject the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer _____ Start _____ End _____

Address _____

Position Held _____ Supervisor's Name _____ Contact# _____

Reason for Leaving _____

Duties _____

Were you subject the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer _____ Start _____ End _____

Address _____

Position Held _____ Supervisor's Name _____ Contact# _____

Reason for Leaving _____

Duties _____

Were you subject the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer _____ Start _____ End _____

Address _____

Position Held _____ Supervisor's Name _____ Contact# _____

Reason for Leaving _____

Duties _____

Were you subject the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYMENT HISTORY continued...

Give a COMPLETE RECORD of all employment, including any unemployment, self-employment and all commercial and non-commercial driving experience.

Employer _____ Start _____ End _____

Address _____

Position Held _____ Supervisor's Name _____ Contact# _____

Reason for Leaving _____

Duties _____

Were you subject the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer _____ Start _____ End _____

Address _____

Position Held _____ Supervisor's Name _____ Contact# _____

Reason for Leaving _____

Duties _____

Were you subject the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer _____ Start _____ End _____

Address _____

Position Held _____ Supervisor's Name _____ Contact# _____

Reason for Leaving _____

Duties _____

Were you subject the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer _____ Start _____ End _____

Address _____

Position Held _____ Supervisor's Name _____ Contact# _____

Reason for Leaving _____

Duties _____

Were you subject the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

JOB REFERENCES

List 3 persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____
Relationship _____ Phone _____

Name _____ Address _____
Relationship _____ Phone _____

Name _____ Address _____
Relationship _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating 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 application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks (for office use only)



SUBMIT APPLICATION VIA:
email: aleemalone24@gmail.com
or in person: contact us at 443-854-6894