

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ (print)

Date of Application _____

Company _____

Address _____

City _____

State _____

Zip _____

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.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 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.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

CLASSIFICATION _____

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

EMPLOYER		DATE	
NAME		POSITION HELD	
FROM	TO	MO.	YR.
ADDRESS		SALARY/WAGE	
CITY		REASON FOR LEAVING	
STATE		PHONE NUMBER	
ZIP		WERE YOU SUBJECT TO THE FMCSRs [†] 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 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. 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.)

EMPLOYMENT HISTORY

Position(s) Applied for _____

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

List your addresses of residency for the past 3 years.

Current Address _____ Street _____ City _____

Previous Addresses _____ State _____ Zip Code _____ Phone _____ How Long? _____ yr./mo.

_____ Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

_____ Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

_____ Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ (Required for Commercial Drivers)

Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

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

(Answer only if a job requirement)

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 HISTORY (continued)

DATE		EMPLOYER	
FROM	TO	FROM	TO
MO.	YR.	MO.	YR.
POSITION HELD		ADDRESS	
SALARY/WAGE		CITY	
REASON FOR LEAVING		CONTACT PERSON	
		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs [†] 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 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Signature: _____ Date: _____

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.

TO BE READ AND SIGNED BY APPLICANT

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

EDUCATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

EXPERIENCE AND QUALIFICATIONS - OTHER

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	(VAN, TANK, FLAT, DUMP, REFER) YES <input type="checkbox"/> NO <input type="checkbox"/>		
TRACTOR AND SEMI-TRAILER	(VAN, TANK, FLAT, DUMP, REFER) YES <input type="checkbox"/> NO <input type="checkbox"/>		
TRACTOR - TWO TRAILERS	(VAN, TANK, FLAT, DUMP, REFER) YES <input type="checkbox"/> NO <input type="checkbox"/>		
TRACTOR - THREE TRAILERS	(VAN, TANK, FLAT, DUMP, REFER) YES <input type="checkbox"/> NO <input type="checkbox"/>		
MOTORCOACH - SCHOOL BUS	More than 8 passengers YES <input type="checkbox"/> NO <input type="checkbox"/>		
MOTORCOACH - SCHOOL BUS	More than 15 passengers YES <input type="checkbox"/> NO <input type="checkbox"/>		
OTHER			

DRIVING EXPERIENCE CHECK YES OR NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

- 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 _____

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

List all driver licenses or permits held in the past 3 years

EXPERIENCE AND QUALIFICATIONS - DRIVER
(ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE