

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.
 Do you consent so such Testing? Yes No

Employment History:
 (CDL Drivers are required by DOT law to provide their last 10 years of employment)

EMPLOYER			DATE:
Name:			From To Mo. Yr. Mo. Yr.
Address:			Position Held:
City:	State:	Zip:	Salary / Wage
Contact Person:	Phone Number:		Reason for Leaving:
Did you drive a vehicle requiring a CDL?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER			DATE:
Name:			From To Mo. Yr. Mo. Yr.
Address:			Position Held:
City:	State:	Zip:	Salary / Wage
Contact Person:	Phone Number:		Reason for Leaving:
Did you drive a vehicle requiring a CDL?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER			DATE:
Name:			From To Mo. Yr. Mo. Yr.
Address:			Position Held:
City:	State:	Zip:	Salary / Wage
Contact Person:	Phone Number:		Reason for Leaving:
Did you drive a vehicle requiring a CDL?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER			DATE:
Name:			From To Mo. Yr. Mo. Yr.
Address:			Position Held:
City:	State:	Zip:	Salary / Wage
Contact Person:	Phone Number:		Reason for Leaving:
Did you drive a vehicle requiring a CDL?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER			DATE:	
Name:			From	To
Address:			Mo. Yr.	Mo. Yr.
City: State: Zip:			Position Held:	
Contact Person: Phone Number:			Salary / Wage	
Did you drive a vehicle requiring a CDL?: <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving:	

Accidents / Crashes for the past 3 years or more

DATES:	Nature of Accident: (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

Moving Traffic Convictions and Forfeitures for the past 3 years, if NONE write NONE

Location	Date	Charge	Penalty

(attach sheet if more space is needed)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
 (Name) (Address, City, State & Zip)

Experience and Qualifications – Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!
 APPLICANTS LIST THE STATES AND LICENSE NUMBERS OF ALL LICENSES HELD FOR THE PAST 3 YEARS.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B	EDORSMENTS

- 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 revoked? Yes No

If the answer to either A or B is yes, Give Details: _____

Driving Experience if NONE write NONE

Class of Equipment	Type of Equipment (Van, Flat, Tank, Etc.)	Dates:		Approximate # of Miles Total
		To:	From:	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Motorcoach-Schoolbus				
Other				

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 material you can work with (other than already shown)

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 to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school 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.

Date

Applicants Signature

FOR OFFICE PERSONNEL ONLY
Process Record:

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(if rejected, summary report of reason should be place in file)

This section to be filed in by responsible
Officer or company representative

	Superior	Good	Fair	Below Average	Poor	Written Record on File
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL & TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS:

From: _____ To: _____

Reason for Transfer: _____

From: _____ To: _____

Reason for Transfer: _____

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____

Supervisor _____