

## EMPLOYMENT APPLICATION

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

*Please print plainly and complete all blanks*

Name: \_\_\_\_\_ Social Security No. : \_\_\_\_\_  
First Middle Last Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip Cell: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip

Residence for past 3 years: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip

### BACKGROUND INFORMATION

Position Desired: \_\_\_\_\_  Full-Time  Part-Time  Temporary Pay Rate Desired: \_\_\_\_\_

When are you available for work? \_\_\_\_\_ Are you currently working?  Yes  No

How many days of scheduled work did you miss in the last 24 months, not including vacations, holidays and other approved leave? \_\_\_\_\_

List any other names which you may have used and which will be necessary to verify prior to your employment: \_\_\_\_\_

If hired, can you provide proof that you are legally entitled to work in the U.S.?  Yes  No

Have you ever been terminated or asked to resign from any job?  Yes  No If yes, please explain \_\_\_\_\_

May we contact your current employer?  Yes  No If no, please explain \_\_\_\_\_

Have you been associated with this company before? \_\_\_\_\_ When? \_\_\_\_\_

Have you previously applied for a position with this company? \_\_\_\_\_ When? \_\_\_\_\_

Names of relatives in our employment \_\_\_\_\_ Who referred you? \_\_\_\_\_

Do you smoke or use tobacco? \_\_\_\_\_

### EDUCATION

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

Where did you attend high school? \_\_\_\_\_

List any other training or schools \_\_\_\_\_

### MILITARY STATUS

Have you served in the U.S. armed forces? \_\_\_\_\_ Branch \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Duties \_\_\_\_\_ Draft Status \_\_\_\_\_ Reserve Status \_\_\_\_\_

## EMPLOYMENT RECORD FOR PAST 10 YEARS

Federal Regulations now require that you "must inform the prospective employer of all previous employment as a driver of commercial vehicle for the past 10 years". Begin with your present or most recent job and work backward in order, listing your employer for at least 10 years including all full and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary.

**Current Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we call your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

street city state & zip code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
(month, year) (month, year)

Number of states driven in \_\_\_\_\_ Type Trailer \_\_\_\_\_

Why do you want to change employers? \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please explain \_\_\_\_\_

**Second Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

street city state & zip code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
(month, year) (month, year)

Number of states driven in \_\_\_\_\_ Type Trailer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please explain \_\_\_\_\_

**Third Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

street city state & zip code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
(month, year) (month, year)

Number of states driven in \_\_\_\_\_ Type Trailer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please explain \_\_\_\_\_

**Fourth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

street city state & zip code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
(month, year) (month, year)

Number of states driven in \_\_\_\_\_ Type Trailer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please explain \_\_\_\_\_

**Fifth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

street city state & zip code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
(month, year) (month, year)

Number of states driven in \_\_\_\_\_ Type Trailer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please explain \_\_\_\_\_

**Sixth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
street city state & zip code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
(month, year) (month, year)

Reason for leaving \_\_\_\_\_ Number of states driven in \_\_\_\_\_ Type Trailer \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please explain \_\_\_\_\_

**LICENSE**

*Do you have a current valid driver's license?*  Yes  No *List all drivers licenses held in past five (5) years*

| STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE | BIRTHDATE |
|-------|----------------|------|-----------------|-----------|
|       |                |      |                 |           |
|       |                |      |                 |           |
|       |                |      |                 |           |
|       |                |      |                 |           |
|       |                |      |                 |           |

**Traffic convictions and forfeitures for the past five years (if none, write none)**  
*Truck and Car (other than parking violations)*

| DATE | LOCATION (STATE) | CHARGE | PENALTY |
|------|------------------|--------|---------|
|      |                  |        |         |
|      |                  |        |         |
|      |                  |        |         |
|      |                  |        |         |
|      |                  |        |         |

**Accident Record (if none, write none)**

*List all involvement with truck and car including property damage for past five years, include preventable and non-preventable*

| Date | Type Vehicle | Nature of Accident<br>(Head-on, rear-end, upset, etc.) | Indicate Preventable or<br>Non-Preventable | Fatalities | Injuries | Amount of Property<br>Damage |
|------|--------------|--|--|------------|----------|------------------------------|
|      |              |  |  |            |          |                              |
|      |              |  |  |            |          |                              |
|      |              |  |  |            |          |                              |
|      |              |  |  |            |          |                              |

- 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 been suspended or revoked?  Yes  No
- C. Have you ever been convicted, pled guilty, or pled nolo to a charge of DWI or DUI?  Yes  No
- D. Have you ever been convicted of possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof?  Yes  No
- E. Have you ever been refused auto liability insurance?  Yes  No
- F. Have you ever been convicted of a crime?  Yes  No

If answer to either A, B, C, D, E, of F is yes, state circumstances and date \_\_\_\_\_

**Person to be notified in case of EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Do you have any physical condition which may limit your ability to perform the job applied for? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what can be done to accommodate your limitation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received counseling for an alcohol/drug problem? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been arrested in an alcohol/drug situation? \_\_\_\_\_ Yes \_\_\_\_\_ No

APPLICANT'S STATEMENT: I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, citizenship status, service member status, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers or as may be required, and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for three months from the date of my hiring and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the CEO may do so in writing.

In return for the Company's agreement to arbitrate legal disputes and for considering this application, I agree by signing below that any dispute of a legal nature arising under federal, state, or local law between me and the Company (including any such claim regarding discrimination, harassment, or any other legal dispute relating to my employment arising under any labor, employment, or civil rights law) will be subject to final and binding arbitration in accordance with the Company's arbitration procedures. I understand that the arbitrator, who will serve as judge and jury, has the same authority to award money damages and other relief, as does a court or jury. If employed, and if required, I agree to sign a stand-alone arbitration agreement that would supplement this one. The Company's arbitration procedures are available for my review on request.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a separate written notification that the Company may obtain a "consumer report" (for example, criminal history, driving records, etc.) on me for use in connection with my application and, if I am hired, my employment. I authorize the Company to obtain this report.

This application will be considered "active" for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature