



EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION FULL:

NAME: _____ DATE: _____

ADDRESS: _____

City State Zip Code _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): ____-____-____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY:

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION:

HIGH SCHOOL Diploma: _____ CITY / STATE: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

PREVIOUS EMPLOYMENT:

EMPLOYER 1: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

City State Zip Code _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES

(PROFESSIONAL ONLY) FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

This is a Driver employment application. Carriers must have a completed and signed employment application for all drivers that contains the information listed in 49 CFR 391.21.

Driver Employment Application

Previous Three Years Residency

- Attach additional sheet if more space is needed or attach resume.
- **Street:**
- **City:**
- **State:**
- **ZIP Code:**
- **Number of Years at Address:**
 - **Current:** _____
 - **Mailing:** _____
 - **Previous:** _____
 - **Previous:** _____
 - **Previous:** _____

Driving Experience

- Include all relevant driving experience for the past 3 years.
- Attach additional sheets if needed.
- **Class of Equipment:**
- **Type of Equipment (e.g., van, tank, flat, etc.):**
- **Date From:**
- **Date To:**
- **Approximate Total Miles:**
 - **Straight Truck:**
 - **Tractor & Semi-Trailer:**
 - **Tractor & 2 Trailers:**
 - **Tractor & Tanker:**
 - **Other:**
- **License Information**
 - **State** _____ **License#** _____ **Type/class** _____
 - **Endorsements** _____ **Expiration Date** _____
- **Prevoiusly Held Licenses**
 - **State** _____ **License#** _____ **Type/class** _____
 - **State** _____ **License#** _____ **Type/class** _____

Accident Record for the Past 3 Years

- Attach additional sheet if more space is needed.
- Check this box if none:
- **Dates (List most recent first):**_____
- **Nature of Accident (e.g., head-on, rear-end, upset, etc.):**_____
- **Number of Fatalities:**_____
- **Number of Injuries:**_____
- **Chemical Spills** YES NO*

Traffic Convictions and Forfeitures for the Past 3 Years

- Attach additional sheet if more space is needed.
- Check this box if none:
- **Date Convicted (Month/Year):**_____
- **Violation:**_____
- **State of Violation:**_____
- **Penalty (Forfeited bond, collateral, and/or points):**_____

Additional Questions

- Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, explain. _____
- Has any license, permit, or privilege ever been suspended or revoked?
 - YES
 - NO
 - If yes, explain. _____
- **BACKGROUND CHECK CONSENT**
- IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. Please complete each section EVEN IF you decide to attach a resume. I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____