

Date Received: _____

-EMPLOYER'S USE-

DEPARTMENT _____

STARTING DATE _____ PAY _____



-EMPLOYER'S USE-

LOCATION _____

POSITION _____

APPLICATION FOR EMPLOYMENT
(Please answer all questions.)

NOTICE: Applicant should read the following information before filling out any of the questions on this form. Title VII of the Civil Rights Act of 1964 as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40 or to discriminate on the basis of disability.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Signature of Applicant _____ Date _____

NAME _____
LAST FIRST MIDDLE

CURRENT ADDRESS _____

CITY/STATE/ZIP CODE _____

How long have you lived at your current address? _____ Telephone () _____
Years Months

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____
 Position Applied For _____ Rate of Pay Expected _____

Are You Applying for: Full Time Part Time Temporary Referred By _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL

Are you 18 years of age or older? Yes No If no, date of birth _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been bonded? Yes No Name of bonding company _____

Have you ever been convicted of a felony? Yes No
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.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
2. Has any license, permit or privilege ever been suspended or revoked? Yes No
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "YES" to any 1, 2, or 3 above, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Twin Trailers – LCV's				
Other				
Other				

Have you receive any awards or taken any courses or special training that would help you as a driver? If so, please describe. _____

Accident Review for Past Three (3) Years) (Attach separate sheet of paper if more space is needed.)

Dates (Begin with most recent)	Nature of Accident (Head-on, Rear-end, Overturn, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past Three (3) Years Other than Parking Violations

Location	Date	Charge	Penalty