

DRIVER'S APPLICATION FOR EMPLOYMENT



GREEN PRODUCTS

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Applicant Name _____ Date of Application _____
(Last) (First) (mi.)

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 resend 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 _____ CLASSIFICATION _____

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

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(Answer all questions – please print)

Position(s) Applied for: _____

Name _____ Social Security #: _____

Date of Birth: ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Phone number: _____ e-mail address: _____

List your addresses of residency for the past 3 years (Attach sheet if more space is needed.)

Current Address _____
(House or apt. #) (Street) (City) (State)

Street or Apt. Number	City	State and Zip	How Long?

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

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, please explain _____

EMPLOYMENT HISTORY

(Attach additional sheet if more space needed)

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.)

EMPLOYER			DATE			
NAME			FROM		TO	
			MO. YR.		MO. YR.	
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY WAGE			
CONTACT PERSON		PHONE #	REASON FOR LEAVING			
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						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO. YR.		MO. YR.	
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY WAGE			
CONTACT PERSON		PHONE #	REASON FOR LEAVING			
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						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO. YR.		MO. YR.	
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY WAGE			
CONTACT PERSON		PHONE #	REASON FOR LEAVING			
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						

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
NAME			FROM		TO	
			MO. YR.		MO. YR.	
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY WAGE			
CONTACT PERSON		PHONE #	REASON FOR LEAVING			
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						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO. YR.		MO. YR.	
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY WAGE			
CONTACT PERSON		PHONE #	REASON FOR LEAVING			
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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						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO. YR.		MO. YR.	
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY WAGE			
CONTACT PERSON		PHONE #	REASON FOR LEAVING			
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						

*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 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.

You must answer the following questions. Failure to do so will result in voiding of your application.

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work? Yes No
2. Have you ever tested positive for drugs and/or alcohol on a test required by the Federal Motor Carrier Safety Regulations? Yes No
3. If you answered yes to either of the above questions, have you completed required treatment and return to duty testing as order by a certified Substance Abuse Professional (SAP)? Yes No

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

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

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS	STATE	LICENSE NUMBER	ENDORSEMENT(S)	EXPIRATION DATE

A. HAVE YOU EVER 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 ___

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

DRIVING EXPERIENCE CHECK YES OR NO

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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 MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

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

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

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 and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____