

EMPLOYMENT EXPERIENCE

Beginning with your most recent, list below all present and past employment, be specific: (NOTE: Applicants for driver positions must provide a minimum of 3 years' prior employment history; if applicant has been a driver for more than 3 years, employment history must include all employment for the past 10 years)

1 Name of Present or Most Recent Employer	Your Position Title	A. Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? YES _____ NO _____ B. Was your position with this employer designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES ____ NO _____
ADDRESS (No & Street)	Date Employed From - To Mo./Yr. Mo/Yr.	Starting Salary
City, State, Zip Code	Name of Supervisor	Ending Salary
Phone Number (Area Code)		Reasons for Leaving
2 Name of Present or Most Recent Employer	Your Position Title	A. Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? YES _____ NO _____ B. Was your position with this employer designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES ____ NO _____
ADDRESS (No & Street)	Date Employed From - To Mo./Yr. Mo/Yr.	Starting Salary
City, State, Zip Code	Name of Supervisor	Ending Salary
Phone Number (Area Code)		Reasons for Leaving
3 Name of Present or Most Recent Employer	Your Position Title	A. Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? YES _____ NO _____ B. Was your position with this employer designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES ____ NO _____
ADDRESS (No & Street)	Date Employed From - To Mo./Yr. Mo/Yr.	Starting Salary
City, State, Zip Code	Name of Supervisor	Ending Salary
Phone Number (Area Code)		Reasons for Leaving
4 Name of Present or Most Recent Employer	Your Position Title	A. Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by this employer? YES _____ NO _____ B. Was your position with this employer designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES ____ NO _____
ADDRESS (No & Street)	Date Employed From - To Mo./Yr. Mo/Yr.	Starting Salary
City, State, Zip Code	Name of Supervisor	Ending Salary
Phone Number (Area Code)		Reasons for Leaving

If the answer to either A or B is yes, attach a statement giving details.

PERSONAL REFERENCES

(List below the names of three persons, not related to you, whom you have known at least 1 year.)

Name	City	Phone No.	Relationship	Years Acquainted
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

OPERATORS LICENSE INFORMTION

Driver's License Number	State	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit, or privelege 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 disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations? Yes ___ No ___
- D. Have you ever failed or refused a pre-employment drug or alcohol test . If yes, please provide proof that you successfully completed the return to duty process described in 382.309 of the FMCSR? Yes ___ No ___

If the answer to either A,B,C, or D is YES, attach statement giving details.

Can you read and speak the English language sufficiently to converse with the general public, understand highway traffic signs and signals in English, respond to official inquiries and make entries on reports and records?
___ Yes ___ No (49 C.F.R. § 391.11(b)(2))

DRIVER EXPERIENCE

Class of Equipment	Dates: From	To	Equipment(Van, Tank, Flat)	Miles Operated
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Tractor – Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

List all motor vehicle accidents in which you were involved during the 3 years preceding the date on which the application is submitted.

Date	Nature of Accident	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted, entered a plead of nolo contendere, or forfeited bond or collateral during the 3 years preceding the date on which the application is submitted.

Date	Violation	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Aside from your current and previous address on page 1 of this Application list all other addresses you have had in the past 3 years including: Street Number; Street, City, Zip Code and Dates.

APPLICANT'S DECLARATION
Please Read Carefully and Sign Below

Falsification

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application or any other pre-employment documents provided or obtained in connection with my employment shall result in the termination of my employment when discovered.

References

I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I have been advised that my prior employers may be contacted for the purpose of investigating my background.

“At Will” Relationship

I agree to observe and to follow the policies, rules and regulations of the Company and agree that my employment is an “at-will” relationship, meaning that my employment, including compensation and other benefits can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such as is earned at the date of such termination.

Changes in Employment

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift after my initial hiring depending on my demonstrated skills and the needs of the Company.

Physical and Medical Examinations

I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that examinations will be required during my employment only when job-related and consistent with business necessity. I understand that refusal to submit to any physical or medical examination requested by the Company will result in rejection of my application for employment or in disciplinary action up to and including immediate discharge. I further understand that any information obtained through such examinations may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and that costs for such examinations will be borne by the Company.

I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

This certifies that this application was completed by me, and that all entries on it and the information in it are true to the best of my knowledge.

Applicant's Signature _____ Date _____