

For Office Use Only:
Date Received: _____
Driving Position Application

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

This application is active for 45 days.

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT

Job Applied For _____ Today's Date _____

Employment status sought: Full-time Part-time Temporary Seasonal

When are you available for employment? _____

PERSONAL DATA

_____ Last Name First Name Middle Initial

_____ Present Street Address City State Zip Code

_____ Telephone Number

Are you at least 18 years of age? Yes No

For driving positions only: Are you 21 years of age or older? Yes No

Have you ever applied here before? Yes No When? _____

Were you ever employed here? Yes No When? _____

Are you eligible to work in the United States? Yes No

Do you have any commitments or agreements with another employer which might affect your employment here? Yes No

If yes, please explain _____

EDUCATION

Name, Address and Location of School	Highest Grade Completed	Did You Graduate?
High School: _____ _____		
College or University: _____ College Major: _____ Degree: _____		
Additional Educational and/or Vocational or Technical Training Information:	Courses Taken	Courses Completed
School: _____		
School: _____		
School: _____		

QUALIFICATIONS & SPECIAL SKILLS

For Driving Jobs Only: Do you have a valid driver's license?Yes No

Driver's License Number _____ State _____

Class _____ Restrictions _____

Endorsements _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). **PLEASE GIVE MONTH AND YEAR.**

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.

Employer	Supervisor	Salary Start:	End:
Address		Phone	
Dates Employed From: To:	Position Held	Reason for Leaving	
Duties:			
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer	Supervisor	Salary Start:	End:
Address		Phone	
Dates Employed From: To:	Position Held	Reason for Leaving	
Duties:			
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCRs) apply to anyone operating a 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 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

WORK HISTORY Continued

Employer	Supervisor	Salary Start: End:
Address		Phone
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer	Supervisor	Salary Start: End:
Address		Phone
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer	Supervisor	Salary Start: End:
Address		Phone
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		
Were you subject to the FMCRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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? Yes <input type="checkbox"/> No <input type="checkbox"/>		

REFERENCES

Give three references, not relatives or former employers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Yrs. Acquainted</u>	<u>Occupation</u>

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature _____ Date _____