



Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Telephone #: _____ E-mail address: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work _____ Salary Expectations \$ _____

- Are you able to meet the attendance requirements? _____ Yes _____ No
- Do you have any objection to working overtime if necessary? _____ Yes _____ No
- Can you travel if required by this position? _____ Yes _____ No
- Have you ever been previously employed by our organization? _____ Yes _____ No
- Can you submit proof of legal employment authorization and identity? _____ Yes _____ No
- If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Previous Three Years Residency *(Attach additional sheet if more space is needed)*

	Street	City	State	Zip Code	# of Years at Address
Current					
Mailing					
Previous					
Previous					
Previous					

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, please explain _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, please explain _____

License Information

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information which is listed below. Include all licenses held for the past three years: attach additional sheets if necessary.

State	License #	Type/Class	Endorsements	Exp. Date
Previously held licenses				

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approx. # of Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

Accident Record Check this box if none

Please provide accident record for the past three years. Attach additional sheet if more space is needed.

Dates	Nature of Accident (head-on, rear-end, etc.)	Fatalities	Injuries	Chemical Spills (Y/N)

Traffic Convictions Check this box if none

Please provide traffic convictions for the past three years. Attach additional sheet if more space is needed.

Date Convicted	Violation	State of Violation	Penalty

Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven years (for a total of ten years). Please provide the complete mailing address including street number, city, state and zip. Attach additional sheets if more space is needed. Please provide all employment information below starting with the *most recent*.

May we contact your current employer? Yes No

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

While employed here, were you subject to the Federal Motor Safety Regulations? Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing? Yes No

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

While employed here, were you subject to the Federal Motor Safety Regulations? Yes No

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Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

While employed here, were you subject to the Federal Motor Safety Regulations? Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing? Yes No

Please provide explanation for any gaps in employment in excess of one month: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

References

List three references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history and other related matters as may be necessary. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have a right to:

- Review information provided by current/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.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: a motor carrier may require an applicant to provide more information that is required by the Federal Motor Carrier Safety Regulation.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____