



TRUCK DRIVER APPLICATION

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Date of application _____

Name _____ SSN _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell _____ E-mail _____

Referral Source (How did you hear about us?) _____

Have you ever been employed here before? If yes, give dates and positions. ☐ Yes ☐ No _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No What is your desired salary range? \$ _____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

If yes, please provide date(s) and details _____

EMPLOYMENT HISTORY

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Applicants must show all commercial driver employment for the seven years immediately preceding this three year period.

Are you currently employed? ☐ Yes ☐ No If so, may we contact your present employer? ☐ Yes ☐ No

If you are accepted for employment, when would you be available? _____

List below present and past employment, BEGINNING WITH THE MOST RECENT

Employer _____	Dates Employed (to/from) _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary _____ <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year
Contact Person _____ Phone _____	Reason for Leaving _____

Employer _____	Dates Employed (to/from) _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary _____ <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year
Contact Person _____ Phone _____	Reason for Leaving _____

Employer _____	Dates Employed (to/from) _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary _____ <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year
Contact Person _____ Phone _____	Reason for Leaving _____

Employer _____	Dates Employed (to/from) _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary _____ <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> per year
Contact Person _____ Phone _____	Reason for Leaving _____

COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSE

State	Number	Expiration	License/Permit

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

If so, please explain. _____

Has one ever been suspended? ☐ Yes ☐ No

If so, please explain. _____

Have you ever been disqualified for violation of Safety Regulations? ☐ Yes ☐ No

If so, please explain. _____

MOTOR VEHICLE ACCIDENTS

Please list all of the motor vehicle accidents in which you have been involved during the 3 years preceding the date of application.

Date	Nature	Fatalities/Personal Injuries (explain)

MOTOR VEHICLE VIOLATIONS

Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of application.

Date	Nature

EDUCATIONAL BACKGROUND

Starting with the most recent school attended, provide the following information:

School _____	Address _____
Years Completed _____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
School _____	Address _____
Years Completed _____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
School _____	Address _____
Years Completed _____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____

REFERENCES

List three business/work references that are *not* related to you. If not applicable, list three school or personal references that are *not* related to you.

Name	Title	Relationship to You	Telephone	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains currently for only 90 days. At the conclusion of that time, if I have not been notified and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (1) eliminate me from further consideration for employment or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of this Applicant Statement.

Signature of Applicant _____ Date _____