

**APPLICATION FOR EMPLOYMENT**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Application for: Owner operator  Company driver

**Personal Information**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**For office use only:**

Date interviewed: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Background checks completed Yes  No  Date \_\_\_\_\_

Drug Test completed: Yes  No  Date \_\_\_\_\_

Physical completed: Yes  No  Date \_\_\_\_\_

Road test completed: Yes  No  Date \_\_\_\_\_

Criminal record check Yes  No  Date \_\_\_\_\_

MVR checked Yes  No  Date \_\_\_\_\_

Driver accepted as: Single  Team  Trainee  Owner operator

Date accepted: \_\_\_\_\_

Comments: \_\_\_\_\_

## General Information

Have you ever worked for this company before? \_\_\_\_ If yes, when? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

\_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Are you willing to run team? \_\_\_\_\_

Have you attended any truck driving school? Yes  No

If Yes, please provide name of school and dates attended: \_\_\_\_\_

\_\_\_\_\_

Please circle the highest education level achieved: 8 9 10 11 12 13 14 15 16

Have you served in the US Armed Forces? Yes  No

If yes, what service? \_\_\_\_\_ Dates: \_\_\_\_\_

Honorable discharge? Yes  No  If no, please explain \_\_\_\_\_

\_\_\_\_\_

Have you completed any safety programs such as the Smith System or the

National Safety Council's Defensive Driving Course? Yes  No

If yes, please list the course and date taken: \_\_\_\_\_

\_\_\_\_\_

List any other certifications or professional licenses held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

Begin with most recent employer. List all employment in past 3 years regardless of nature and all driving employment in past 10 years.

If job required you to comply with the Federal Motor Carrier Regulations (FMCSR), Please check the appropriate box.

Employer: _____
Address: _____ _____
Phone: _____ Fax: _____
Name of person to contact & position: _____
Dates employed: From: _____ To: _____
Reason for leaving: _____
Did position require compliance with FMCSR? _____

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Reason for leaving: _____

**Did position require compliance with FMCSR?** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of person to contact & position:** \_\_\_\_\_

**Dates employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Did position require compliance with FMCSR?** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of person to contact & position:** \_\_\_\_\_

**Dates employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Did position require compliance with FMCSR?** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of person to contact & position:** \_\_\_\_\_

**Dates employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Did position require compliance with FMCSR?** \_\_\_\_\_



## Safety Information (Cont)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you failed or refused a drug test in the past 5 years? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_

If yes, please provide reasons and dates: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a bond revoked for any reason? (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any falsified, misleading, or untrue statements will result in my not being granted a safety clearance. I also understand that if at any future date any of the above information is deemed to have been false, that my safety clearance may be revoked at that time. By my signature below, I grant permission for the company that I am applying to permission to investigate my background and past employment.**

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_