APPLICATION FOR EMPLOYMENT
Company Name:
Company Address:
Application for: Owner operator Company driver
Personal Information
Data of Application.
Date of Application: Name:
Address:
Addi 633
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?
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:
Name of person to contact & position: Dates employed: From: To:

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

Safety Record

Date of occurrence	Nature of	collision
	and the state of the state of the state of	(0
List all moving violations re Date of violation	State	Type of Violation
Date of Fieldson	Otato	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
List all driver's licenses he	eld in the past 5 years	
State	License Number	Date Surrendered
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	perated and miles driven w	
List all types of vehicles of Type of power unit (semi	Type of trailer	Miles driven
Type of power unit (semi	Type of trailer	Miles driven
Type of power unit (semi	Type of trailer	Miles driven
Type of power unit (semi	Type of trailer	Miles driven
Type of power unit (semi	Type of trailer	Miles driven
Type of power unit (semi	Type of trailer	Miles driven
Type of power unit (semi or straight truck)	Type of trailer	Miles driven

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____