



### DRIVER'S APPLICATION FOR EMPLOYMENT

Our Company is an Equal Opportunity Employer that employs in compliance with all applicable laws. We do not discriminate because of sex, age, race, color, religion, marital status, gender identity, national origin, disability, veteran status, or any other characteristic protected under local, state or federal law.

#### Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes  No

*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.*

Are you at least 18 years of age? Yes  No

#### Employment Desired

Position for which you are applying: \_\_\_\_\_

Full-time  Part-time  Fill-in  Summer

Date of availability: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

If you are an experienced operator of any equipment, please list:

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

What source or referral led you to make application with us? \_\_\_\_\_

Is there any reason you might be unable to perform the function of the job for which you have applied (as described in the attached job description)? Yes \_\_\_\_\_ No \_\_\_\_\_

If you served in the United States Armed Forces, briefly describe the skills you acquired: \_\_\_\_\_

\_\_\_\_\_

# Driving Record

List your accident record for the past 3 years or more (Attach sheet if more space is needed) If none, write none

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident:			
Last Accident:			
Last Accident:			

List your traffic convictions and forfeitures for the past 3 years or more (attach sheet if more space is needed) If none, write none

Location	Date	Charge	Penalty

# Driving Licenses

State	License Number	Type	Expiration Date

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

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

\*\*If the answer to either A or B is yes, attach a statement giving the details

# Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates	Approximate # of Miles (Total)
Straight Truck		From: _____ To: _____	
Tractor and Semi-Trailer		From: _____ To: _____	
Tractor - Two Trailers		From: _____ To: _____	
Motorcoach - School bus		From: _____ To: _____	
Other:		From: _____ To: _____	

List the states you have operated in for the last 5 years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

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## Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

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## References

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

# Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Employer	Employed (mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Employer	Employed (mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

May we contact your current employer at this time? Yes  No

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I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind.

I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination.

I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_