



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital status, medical condition, sexual orientation, ancestry, disability, handicap, or any other status protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL: Date _____

Name _____
Last First Middle (Other names you have worked under)

Social Security #: _____ Telephone #: (____) ____ - _____

Address: _____
No. Street City State Zip

Email Address: _____

Position(s) applied for: _____

Driver's License # _____ Class _____ State _____ Endorsements _____

License revoked or suspended in last 3 Years: Yes No

Are you 23 years of age or older? Yes No

Are you legally eligible for employment in the United States? Yes No (if hired, verification will be required)

How many years of Class A driving experience? _____. What type of equipment is your experience with? (tractor and trailers), _____.

Available for Work:
 Full Time, Part Time, Temporary, Hours per week available to work _____ Shift preferred _____

Salary/Wages desired: \$ _____ per Hr. Wk. Mo. Yr. Date available to start work _____

Have you worked for us before? Yes No If yes, when? _____

Are you related to any employee? Yes No

Who? _____ Who referred you? _____

Are you employed at the present time? Yes No If hired, will you work overtime if required? Yes No

Have you ever been fired or asked to resign from a job? Yes No Explain: _____

Indicate special qualifications or skills (Computer skills, equipment, etc.) _____

EDUCATION:	Name and Location of School	Course of Study	Year Graduated?	Did you finish?
High School			Do Not Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		Major:		<input type="checkbox"/> Yes
		Degree:		<input type="checkbox"/> No
Advanced Study				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Vocational, Technical, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Languages You Can Speak, Read and/or Write (if relevant to job)			
	Fluent	Good	Fair
Speak:			
Read:			
Write:			

PRIOR EMPLOYMENT: (Start with the most recent employer)

Employer:	Phone () -	From (Mo/Yr)	To (Mo/Yr)
Address:	City, State, Zip	Position:	
Duties	Supervisor:		
	Supervisor's Title:		
Reason for Leaving:			
Employer:	Phone () -	From (Mo/Yr)	To (Mo/Yr)
Address:	City, State, Zip	Position:	
Duties	Supervisor:		
	Supervisor's Title:		
Reason for Leaving:			
Employer:	Phone () -	From (Mo/Yr)	To (Mo/Yr)
Address:	City, State, Zip	Position:	
Duties	Supervisor:		
	Supervisor's Title:		
Reason for Leaving:			
Employer:	Phone () -	From (Mo/Yr)	To (Mo/Yr)
Address:	City, State, Zip	Position:	
Duties	Supervisor:		
	Supervisor's Title:		
Reason for Leaving:			

WORK REFERENCES:

Name	Relationship	Years Known	Telephone
			() -
			() -
			() -

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding

to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I also understand that I am required to abide by all rules and regulations of the Company. 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 the right to: • Review information provided by current/prior 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.

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 than that required by the Federal Motor Carrier Safety Regulations.

Date: _____ Signature of Applicant _____