



P.O. BOX 487 • ASHFORD, AL 36312
800-633-7590, ext.116 • Fax 334-899-8412

DRIVERS APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Position(s) Applied for _____

Name _____ Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____

Street _____ City _____
Phone _____ How Long? _____

State _____ Zip Code _____

Previous Addresses _____ How Long? _____

Street _____ City _____ State/Zip _____

How Long? _____

Street _____ City _____ State/Zip _____

How Long? _____

Street _____ City _____ State/Zip _____

Do you have the legal right to work in the United States? _____

Date of Birth (required for commercial drivers) _____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? _____ If yes, please explain if you wish:

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME:			FROM(Mo./Yr)	TO (Mo/Yr)
ADDRESS:			POSITION HELD	
CITY:	ST:	ZIP:	SALARY/WAGE	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME:			FROM(Mo./Yr)	TO (Mo/Yr)
ADDRESS:			POSITION HELD	
CITY:	ST:	ZIP:	SALARY/WAGE	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME:			FROM(Mo./Yr)	TO (Mo/Yr)
ADDRESS:			POSITION HELD	
CITY:	ST:	ZIP:	SALARY/WAGE	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME:			FROM(Mo./Yr)	TO (Mo/Yr)
ADDRESS:			POSITION HELD	
CITY:	ST:	ZIP:	SALARY/WAGE	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME:			FROM(Mo./Yr)	TO (Mo/Yr)
ADDRESS:			POSITION HELD	
CITY:	ST:	ZIP:	SALARY/WAGE	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME:			FROM(Mo./Yr)	TO (Mo/Yr)
ADDRESS:			POSITION HELD	
CITY:	ST:	ZIP:	SALARY/WAGE	
CONTACT PERSON:		PHONE:	REASON FOR LEAVING	

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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:			
Next Previous:			
Next Previous:			

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

What is the highest grade level completed?

Elementary (1-8):

High School (1-4):

College (1-4):

Last school attended: _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE: IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM (MO/YR)	TO (MO/YR)	APPROX. NO. OF MILES (TOTAL)
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motor Coach – School Bus				
Other:				

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant's Signature _____ Date _____

PROCESS RECORD

Applicant Hired: _____ Rejected: _____

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

(If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVG.	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

Signature of interviewing officer: _____

TRANSFERS

FROM:	TO:	FROM:	TO:
DATE:		DATE:	
REASON:		REASON:	
FROM:	TO:	FROM:	TO:
DATE:		DATE:	
REASON:		REASON:	

TERMINATION OF EMPLOYMENT

Date Terminated:	From department:	Supervisor:
Dismissed:	Voluntarily Quit:	Other: