



NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

LENGTH OF RESIDENCE _____

HOME PHONE _____

CELL PHONE _____

If length of residence is less than 3 years, list all previous addresses for the past 3 years.

In case of emergency notify: _____

HISTORY OF EMPLOYMENT				
Account for all employers within the last 10 years. Use additional sheets if necessary.				
DATES	FORMER EMPLOYER	TYPE OF BUSINESS	YOUR POSITION	PAY RATE
FROM				
TO	ADDRESS			
REASON FOR LEAVING				
DATES	FORMER EMPLOYER	TYPE OF BUSINESS	YOUR POSITION	PAY RATE
FROM				
TO	ADDRESS			
REASON FOR LEAVING				
DATES	FORMER EMPLOYER	TYPE OF BUSINESS	YOUR POSITION	PAY RATE
FROM				
TO	ADDRESS			
REASON FOR LEAVING				
DATES	FORMER EMPLOYER	TYPE OF BUSINESS	YOUR POSITION	PAY RATE
FROM				
TO	ADDRESS			
REASON FOR LEAVING				

AUTO AND/OR CHAUFFEUR'S LICENSES

License No. _____ Class _____ State _____ Expiration Date _____

Possess a "P" Endorsement? [] YES or [] NO Do you currently hold a current medical examiner's certificate? [] YES or [] NO

Has your privilege to operate a motor vehicle ever been suspended, revoked, withdrawn or denied? [] YES or [] NO

If YES, explain in detail _____

TRAFFIC CONVICTIONS (FROM MOST RECENT FOR PAST 3 YEARS)				
Name of Court	Location	Date	Charge	Penalty

DRIVING EXPERIENCE		
Type of Equipment	Number of Years	Approximate Number of Miles
Straight Truck		
Tractor & Semi		
Truck & Full Trailer		
Other		

In what states have you driven regularly? _____

DRIVING ACCIDENTS (Must list ALL accidents in past 3 years.)			
Date	Vehicle Driven (Truck, Bus, Auto)	Nature	Personal Injury/Fatality (Yes/No)

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been convicted of, or forfeited bond or collateral upon, any of the following charges? | --- | --- |
| 2. A Felony, the commission of which involved the use of a motor vehicle? | --- | --- |
| 3. A crime involving the manufacturing, knowing transportation, knowing possession, sale, or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? | --- | --- |
| 4. Operating a motor vehicle under the influence of alcohol, an amphetamine, a narcotic, a formulation of an amphetamine, or a derivative of a narcotic? | --- | --- |
| 5. Leaving the scene of an accident which resulted in personal injury or death? | --- | --- |
| 6. Have you ever tested positive on a drug test? | --- | --- |
- If the answer to any of the above questions is yes, explain in detail giving dates, etc.

It is agreed and understood that the employer and his agents may investigate the applicant's background to ascertain any, and all information of concern to applicant's record, weather same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It agreed and understood that if hired, the employee may be on a probationary period during which time he/she may be discharged without recourse.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____ Applicant's Signature _____

FOR OFFICE USE ONLY

Interviewed by _____ Date _____

Comments _____