

# APPLICATION FOR EMPLOYMENT And PERSONNEL RECORD FOLDER

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries 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 interviews(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employer 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to prospective employer; and
- Have a rebuttal statement attached to alleged erroneous information, if the previous employer(s) and I cannot agree on accuracy of the information.

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

### FOR COMPANY USE ONLY

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN ON RECORD FILE
APPLICATION						
INTERVIEW						
PHYSICAL EXAM						
EMPLOYMENT HISTORY						
WRITTEN EXAM						
ROAD TEST						
DRIVING RECORD						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE**  
(ANSWER ALL QUESTIONS – PLEASE PRINT)

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESSES FOR THE PAST 3 YEARS.

STREET _____	CITY _____	STATE & ZIP CODE _____	HOW LONG? _____
STREET _____	CITY _____	STATE & ZIP CODE _____	HOW LONG? _____
STREET _____	CITY _____	STATE & ZIP CODE _____	HOW LONG? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_

ARE YOU 21 YEARS OF AGE OR OVER? \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_ TEMPORARY OR FULL TIME \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAMES OF REALITIVES IN OUR EMPLOY \_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

WHO REFFERED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_

ARE YOU BONDABLE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT

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, EXPAIN IF YOU WISH \_\_\_\_\_

**MILITARY STATUS**

HAVE YOU SERVED IN THE U.S ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETE 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_ ADDRESS \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS —DRIVER**

DRIVER LICENSES	STATE	LINCENSES NO.	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE,PERMIT OR PRIVILAGE TO OPERATE A MOTER VEHICLE  YES  NO

B. HAS ANY PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED  YES  NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

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

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,REFER)	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR AND SEMI TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTER COACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers				
MOTER COACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS — PLATFORM**

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU OPERATE (LIFT, TRUCK, ECT,) \_\_\_\_\_

LIST COURSES OR TRAINING IN PLATFORM WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS — VEHICLE MAINTENANCE**

LIST COURSES AND TRAINING IN MAINTENANCE \_\_\_\_\_

LIST MAINTENANCE EQUIPMENT YOU CAN OPERATE \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS — OTHER**

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THE APPLCATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**ACCIDENT RECORD FOR 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, ECT)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVIVTIONS 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)

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 in commercial motor vehicle\*† in intrastate or interstate 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 the most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
NAME			FROM (MM/YY)	TO (MM/YY)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM (MM/YY)	TO (MM/YY)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM (MM/YY)	TO (MM/YY)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM (MM/YY)	TO (MM/YY)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM (MM/YY)	TO (MM/YY)
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*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.

†The Federal Motor Carrier Safety Regulations (FMCR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more (2) is designed or used to transport 9 or more passengers, OR (3) is of any size is used to transport hazardous materials in a quantity requiring placarding.

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was complete by me, and that all entries on it information in it are true and complete to the best of my knowledge.

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