Employment Application

We are an equal opportunity employer. All applicants are considered on business needs, job requirements and individual qualifications without regard to race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy), age (for those age 40 or over), sexual orientation, gender identity, gender expression, status as a protected veteran, status as an individual with a disability, or any other status protected by the laws or regulations in the locations where we operate.

PERSONAL ***PLEASE PRINT CLEARLY*** ***Date:*** _____

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ Social Security Number: _____

City/State/Zip Code: _____ Phone: _____

E-mail Address: _____ Cell Phone: _____

How did you find out about this job? _____

If hired, do you have a reliable means of transportation to get to work? ____ Yes _____ No

Minimum salary expected _____ Are you at least 18 years old? ____ Yes _____ No

Are you legally eligible for employment in the U.S.? ____ Yes ____ No (Proof of U.S. citizenship or immigration status will be required upon hire)

EMPLOYMENT DATA

Are you seeking: ___ Temporary ___ Full-time ___ Part-time What position(s) are you applying for? _____

What hours and shift(s) would you prefer to work? _____

Please indicate any shift(s) you would not be available to work _____

Are you willing to work overtime? ___ Yes ___ No Have you ever worked for this organization? ___ Yes ___ No

If yes, name used: _____ List any friends or relations employed by this organization _____

Are you currently employed? ___ Yes ___ No Are you on layoff and subject to recall? ___ Yes ___ No

If hired, when would you be available to start? _____

Have you ever been discharged or asked to resign from any position? ___ Yes ___ No If yes, please describe: _____

_____

Other than approved time off, in the past year, how many days have you missed or been late to work or school? _____ late _____ missed

Are you able to perform all the tasks required for the position for which you are applying without reasonable accommodation? ___ Yes ___ No

Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:

_____

_____

EDUCATION (Circle highest level attained)

Elementary: 1 2 3 4 5 6 7 8
Name of School: _____
Location of School: _____

Secondary: 9 10 11 12 G.E.D.
Name of School: _____
Location of School: _____

College: 1 2 3 4 5 6 7 8
Name of School: _____
Location of School: _____

If currently in high school, are you enrolled in a recognized co-op program? ___ Yes ___ No
If yes, identify program and school: _____

Degree & Major: _____
Minor: _____

MILITARY SERVICE

Are you a veteran? ___ Yes ___ No If yes, give date of service: From: _____ To: _____ Honorable Discharge: ___ Yes ___ No
List any special skills or training: _____

DRIVER AND TECH APPLICANTS ONLY -- REQUIRED TO COMPLETE THIS SECTION
All other applicants proceed to Work History

DRIVER LICENSE Date of Birth: _____

State	License Number	Type	Expiration Date

49 CFR Part 383.21 of the FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed above. Initials _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates To From	Approx number of miles Total
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (If more space is needed attach sheet) ___*additional sheet attached*

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates To From	Approx number of miles Total
Last Accident			
Next Previous			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Excluding parking violations) ___*additional sheet attached*

Location	Date	Violation	Penalty	

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

C. Have you ever been disqualified for violations of the FMCSR's? ___ Yes ___ No
If yes, please attach statement with all details. ___*additional sheet attached*

WORK HISTORY

(Please provide employment history for the past 10 years. Begin with the most recent)

(If more space is needed attach sheet) ***___ additional sheet attached.***

Company:	Phone:
Address:	City/State/Zip:
Date of Employment: From: _____ To: _____	Salary: Beginning_____ Ending _____
Job Title:	Supervisor Name/Title:
Describe duties:	
Reason for leaving:	
DRIVERS/TECHS ONLY	
Were you subject to the FMCSRs while employed?	___ Yes ___ No
Did you perform safety sensitive functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	___ Yes ___ No

Company:	Phone:
Address:	City/State/Zip:
Date of Employment: From: _____ To: _____	Salary: Beginning_____ Ending _____
Job Title:	Supervisor Name/Title:
Describe duties:	
Reason for leaving:	
DRIVERS/TECHS ONLY	
Were you subject to the FMCSRs while employed?	___ Yes ___ No
Did you perform safety sensitive functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	___ Yes ___ No

Company:	Phone:
Address:	City/State/Zip:
Date of Employment: From: _____ To: _____	Salary: Beginning_____ Ending _____
Job Title:	Supervisor Name/Title:
Describe duties:	
Reason for leaving:	
DRIVERS/TECHS ONLY	
Were you subject to the FMCSRs while employed?	___ Yes ___ No
Did you perform safety sensitive functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	___ Yes ___ No

Company:	Phone:
Address:	City/State/Zip:
Date of Employment: From: _____ To: _____	Salary: Beginning_____ Ending _____
Job Title:	Supervisor Name/Title:
Describe duties:	
Reason for leaving:	
DRIVERS/TECHS ONLY	
Were you subject to the FMCSRs while employed?	___ Yes ___ No
Did you perform safety sensitive functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	___ Yes ___ No

Company:	Phone:
Address:	City/State/Zip:
Date of Employment: From: _____ To: _____	Salary: Beginning_____ Ending _____
Job Title:	Supervisor Name/Title:
Describe duties:	
Reason for leaving:	
DRIVERS/TECHS ONLY	
Were you subject to the FMCSRs while employed?	___ Yes ___ No
Did you perform safety sensitive functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	___ Yes ___ No

Please explain any gaps of employment including dates (month/year) and reasons:

_____

Please attach a separate sheet if additional space is needed. ___ *additional sheet attached*

May we contact all the employers listed above? ___ Yes ___ No If no, please identify who we cannot contact and why.

_____

List any business-related outside interests and organizations you're active in: _____

_____

PLEASE READ, SIGN AND DATE

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment related information to this company and do release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record including investigation of my safety performance history as required by 49 CFR 391.23 (d) and (e), and any other investigative report deemed necessary through various third-party sources. As required by law, upon request within a reasonable period, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If required, I will take a post-job offer physical examination and my employment will be conditional upon passing such examination. During my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. **I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment at-will status except an officer of the company, who may do so only in writing. I have read and agree to the above.**

Applicant Signature: _____ Date: _____