



APPLICATION FOR EMPLOYMENT

Please complete all areas.

Position Applying for: _____ Date of Application: _____

Personal Information:

Name: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone #: _____ Home Work Cell

Alternate Phone #: _____ Home Work Cell

Email: _____

18 years of age or older? YES NO If no, list date of birth: _____

Are you legally eligible for employment in the United States? YES NO

(If offered employment, you will be required to provide documentation to verify eligibility.)

Tentative Start Date: _____

Have you ever been convicted of a misdemeanor or felony? YES NO If yes, explain below:

(A conviction may not necessarily result in the denial of employment.)

Are you a member of a union? YES NO If yes, please list: _____

Have you been employed by us before? YES NO If yes, when? _____

Are you willing to travel? YES NO If yes, please indicate what percentage below:

- Please circle one:
- Extensive travel, away from home, w/ overnight stays, greater than 25%
 - Minimal travel, up to 25%
 - No travel

Educational History:

Please circle highest grade completed: 9 10 11 12 Not Listed

Trade/Technical School: _____ Major: _____

Did you graduate: YES NO Degree: _____

College: _____ Major: _____

Did you graduate: YES NO Degree: _____

Employment History:

List employment history for the past 10 years:

(Starting with the most recent or current employer. Be sure to account for all periods of time including any military service, periods of unemployment, and any self-employment. Please attach additional sheets as necessary.)

Most Recent Employer:	May we contact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Address: _____	Phone #: _____		
Starting Position: _____	Ending Position: _____		
Start Date: _____	End Date: _____		
Start Rate: _____	End Rate: _____		
Reason for leaving: _____			
Brief List of Job Duties: _____			
Were you subject to the FMCRs ?(Federal Motor Carrier Regulations)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Most Recent Employer:	May we contact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Address: _____	Phone #: _____		
Starting Position: _____	Ending Position: _____		
Start Date: _____	End Date: _____		
Start Rate: _____	End Rate: _____		
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Brief List of Job Duties: _____			
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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Most Recent Employer:	May we contact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Address: _____	Phone #: _____		
Starting Position: _____	Ending Position: _____		
Start Date: _____	End Date: _____		
Start Rate: _____	End Rate: _____		
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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

If there are any gaps in employment history, please explain below:

Driving History:

Driver's License Information

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Driving Experience

TYPE OF VEHICLE

YEARS OF EXPERIENCE

- Passenger Car _____
- Pick-up Truck _____
- 15+ Passenger Van _____
- Straight Truck _____
- Tractor / Semi-Trailer _____
- Tractor / 2 Trailers _____
- Other _____

CDL Endorsements

- Tanks > 1,000 lbs
- Tanks w/ HAZMAT
- Hazardous Only
- School Bus
- Double / Triple Trailers
- No Endorsements

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, Please provide details below

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all the information provided by me in this application (or any accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by the company that such employment with the Company is at will, for no specified duration and may be terminated by either the Company or myself at any time with or without cause or notice (subject to any applicable Collective Bargaining Agreement). I understand that none of the documents, policies, procedures, acts, statements of the Company or its representatives used during the employment process is deemed a contract of employment real or implied.

If employed, I agree to confirm to the rules, regulations, policies and procedures of the Company at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Company business, attendance and punctuality are considered essential requirements of every job at the Company and that poor attendance or tardiness may result in disciplinary action.

I understand that if offered a position with the Company, I may be required to submit to a pre-employment medical examination, driver's license history evaluation, drug screening and/or background check as a condition of employment. I understand that unsatisfactory results (including unfavorable background check, unacceptable driving history, positive drug screen, or negative dilute drug screen) from refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Company and/or any of its representatives, agents or vendors and I release all parties involved from any and all damage that may result from providing such information.

I understand that this application is considered current for six (6) months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

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

DRIVING RECORD AUTHORIZATION

I understand that driving a Company vehicle (or my own vehicle as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow the Company to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a company vehicle (or own vehicle as required) after I am hired.

I understand that the Company will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release the Company, its employees and those who supplied me the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS

SIGNATURE

DATE

WE ARE PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER STATUS PROTECTED BY LAW.