



If yes, give date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

Who referred you? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  Yes  No

If yes, please explain: \_\_\_\_\_

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

### Employment History

All applicants with a commercial drivers license must provide 10 years of employment information. If employed for less than 10 years all employment history must be listed.

#### EMPLOYER #1

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_

Addresses \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Street

\_\_\_\_\_ Position \_\_\_\_\_

City State Zip

Wage/Salary \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

#### EMPLOYER #2

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_

Addresses \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Street

\_\_\_\_\_ Position \_\_\_\_\_

City State Zip

Wage/Salary \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EMPLOYER #3**

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_

Addresses \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Street

\_\_\_\_\_ Position \_\_\_\_\_

City

State

Zip

Wage/Salary \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EMPLOYER #4**

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_

Addresses \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Street

\_\_\_\_\_ Position \_\_\_\_\_

City

State

Zip

Wage/Salary \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EMPLOYER #5**

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_

Addresses \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Street

\_\_\_\_\_ Position \_\_\_\_\_

City

State

Zip

Wage/Salary \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EMPLOYER #6**

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_

Addresses \_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Street

\_\_\_\_\_ Position \_\_\_\_\_

City

State

Zip

Wage/Salary \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Certifications

List any certifications below

### ASE

	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____

### EVT

	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____
	Expiration ____/____/____

### MANUFACTURER

Engine, transmission, series, etc.

<input type="checkbox"/> Allison Transmissions	Expiration ____/____/____	
<input type="checkbox"/> CAT	Expiration ____/____/____	
<input type="checkbox"/> Cummins	Expiration ____/____/____	
<input type="checkbox"/> Detroit Diesel	Expiration ____/____/____	
<input type="checkbox"/> Mercedes Engines	Expiration ____/____/____	
<input type="checkbox"/> Hale Pumps	Expiration ____/____/____	
<input type="checkbox"/> Waterous Pumps	Expiration ____/____/____	
<input type="checkbox"/> Spartan Chassis	Expiration ____/____/____	
<input type="checkbox"/> Meritor	Expiration ____/____/____	
<input type="checkbox"/> Heavy Truck Alignment	Expiration ____/____/____	
<input type="checkbox"/> _____	Expiration ____/____/____	
<input type="checkbox"/> _____	Expiration ____/____/____	

### EXPERIENCE

Engine, transmission,  
series, etc.

Engine, transmission,  
series, etc.

<input type="checkbox"/> Allison Transmissions		<input type="checkbox"/> Hale Pumps	
<input type="checkbox"/> CAT		<input type="checkbox"/> Waterous Pumps	
<input type="checkbox"/> Cummins		<input type="checkbox"/> Spartan Chassis	
<input type="checkbox"/> Detroit Diesel		<input type="checkbox"/> Meritor	
<input type="checkbox"/> Mercedes Engines		<input type="checkbox"/> Heavy Truck Align	

## Accident Record & Driving Record

Accident Record for Past 3 Years or More (Attach Sheet if More Space is Needed) if None, Write None

	Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident	___/___/___			
Next Previous	___/___/___			
Next Previous	___/___/___			
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

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8      High School: 1 2 3 4      College: 1 2 3 4

Last School Attended \_\_\_\_\_  
Name
City
State

### Driver Qualifications

	State	License #	Type	Expiration Date
Driver				___/___/___
				___/___/___
				___/___/___

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 THE ANSWER TO ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS

### Driving Experience, If None, Write None

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates	Approximate # of Miles
Straight Truck		From ___/___/___ To ___/___/___	
Tractor & Semi-Trailer		From ___/___/___ To ___/___/___	
Tractor-Two Trailers		From ___/___/___ To ___/___/___	
Motor Coach		From ___/___/___ To ___/___/___	
School Bus		From ___/___/___ To ___/___/___	
Other		From ___/___/___ To ___/___/___	

List States Operated In For 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 & Qualifications – Other**

Show any trucking, transportation or other experience (not listed elsewhere on the application) that may help in you work for this company \_\_\_\_\_

List courses and training (other than those shown elsewhere in this application) \_\_\_\_\_

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

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?     Yes     No

### **TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history, criminal record, 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 leasing 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.

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