

Applicant Information:

Applicant Name: _____ Date of Birth: _____

Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Employment:

Days available for work: _____

What day can you start working if you are hired? _____

How did you hear about this position: _____

Personal Information:

Are you 18 years of Age or Older: Yes No

Will you consent to a mandatory drug test? Yes No

Do you have any conditions which require job accommodations? Yes No

If yes, describe accommodations required below:

Have you ever been convicted of a criminal offense? (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s) when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Previous Employment

Employer Name: _____ Job Title: _____

Employer Telephone: _____ Supervisor Name: _____

Employer Address: _____ Dates Employed: _____

City, State and Zip Code: _____

Reason for leaving: _____

Previous Employment

Employer Name: _____ Job Title: _____
 Employer Telephone: _____ Supervisor Name: _____
 Employer Address: _____ Dates Employed: _____
 City, State and Zip Code: _____ Reason for Leaving: _____

References:

Name: _____ Phone Number: _____
 Name: _____ Phone Number: _____

Driving Experience & Qualifications

Valid Drivers License Number: _____ State: _____ Expires on: _____
 License Type (Case, CDL, etc.): _____ Has your license ever been suspended, revoked or denied? Yes / No
 If yes, please explain: _____
 Describe driving experience (Straight Truck, Light Truck & Trailers, Years exp.)

Accident & Traffic Record Last Three Years

Accident

Date	Nature of Accident (Overturn, Rear-end, Jack Knife etc..)	No. of Fatalities	Commercial Vehicle or Personal Vehicle

Traffic Convictions

State	Date	Charge	Penalty	Commercial Vehicle or Personal Vehicle

Disclaimer and Signature:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Applicant Printed Name: _____

Date: _____

Applicant Signature: _____

Date: _____