

DRIVER'S APPLICATION FOR EMPLOYMENT

| | | |
|-------------------------|---------------|---------------------|
| APPLICANT NAME: (PRINT) | | DATE OF APPLICATION |
| COMPANY | | |
| COMPANY ADDRESS | | |
| COMPANY CITY | COMPANY STATE | COMPANY ZIP |

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

TO BE READ AND SIGNED BY APPLICANT

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.

I understand that information I provide regarding current and/or previous employers 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 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 the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER _____

Sheakley assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.



APPLICANT TO COMPETE

(Answer all questions – please print)

| | | | |
|---|------------------------|-------------------------|-------------------------|
| Position(s) Applied for _____ | | | |
| Last Name | First Name | Middle Name | Social Security Number |
| List your addresses of residency for the past 3 years. | | | |
| Current Address Street _____ | | | City _____ |
| State _____ | Zip Code _____ | Phone _____ | How Long? yr./mo. _____ |
| Previous Addresses Street _____ | | | How Long? yr./mo. _____ |
| City _____ | State & Zip Code _____ | How Long? yr./mo. _____ | |
| Street _____ | City _____ | State & Zip Code _____ | How Long? yr./mo. _____ |
| Street _____ | City _____ | State & Zip Code _____ | How Long? yr./mo. _____ |

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

EMPLOYMENT HISTORY

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 a 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 as necessary.)

* Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 16 or more passengers, (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

| EMPLOYER | | | DATE | |
|--|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? | | | YES | NO |



EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? | | | YES | NO |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? | | | YES | NO |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? | | | YES | NO |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? | | | YES | NO |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? | | | YES | NO |

† The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pound or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



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, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
|---------------|--|------------|----------|--------------------------------|
| LAST ACCIDENT | | | | |
| 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)

EXPERIENCE AND QUALIFICATIONS - DRIVER

| | STATE | LICENSE NO. | CLASS | ENDORSEMENT(S) | EXPIRATION DATE |
|--|-------|-------------|-------|----------------|-----------------|
| Driver license or permits held in the past 3 years | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 _____

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

DRIVING EXPERIENCE CHECK YES OR NO

| CLASS OF EQUIPMENT | CHOOSE TYPE OF EQUIPMENT | DATES | | PENALTY |
|---|---|------------|---------|---------|
| | | FROM (M/Y) | TO(M/Y) | |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER | | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER | | | |
| TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER | | | |
| TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER | | | |
| MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers | _____ | | | |
| MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers | _____ | | | |
| OTHER _____ | | | | |

LIST STATES OPERATED IN FOR THE 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 AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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.

Signature: _____ Date: _____

