

# APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_  
 (First) (Middle ) (Maiden Name, If Any) (Last)

Address \_\_\_\_\_  
 (Street) (City) (State/Zip)

How Long at this address? \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Address for past three years:

Address \_\_\_\_\_  
 (Street) (City) (State/Zip)

How Long at this address? \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State/Zip)

How Long at this address? \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State/Zip)

How Long at this address? \_\_\_\_\_

Employment desired: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

## EDUCATION

	NAME & LOCATION OF SCHOOL	No. YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/TECHNICAL				

Special Skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS- DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN/TANK/FLAT,ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR& SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 (THREE) YEARS OR MORE (ATTACH SHEET IF NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS  
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET OF MORE SPACE IS NEEDED)

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, ATTACH STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

NOTE: DOT requires that employment for the last 3 years and/or Commercial Driving Experience for the past 10 years be shown

**LIST EMPLOYERS FROM LAST (MOST CURRENT) TO FIRST**

**EMPLOYER NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**POSITION** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_  
**SALARY** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**POSITION** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_  
**SALARY** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**POSITION** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_  
**SALARY** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it’s president, and then only when in writinf and signed by the president, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

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