



Applicant Master

* First Name: _____

* Last Name: _____

* Current Address: _____

Former Address: _____

Former Address: _____

* Home Phone: _____

* SSN: _____

* Driver License Number: _____

Class/Type/Endorsements: _____

* State of Issue: _____

* Date of Birth: _____

* Full Time: _____

* Part Time: _____

Who referred you: _____

Rate of Pay Expected: _____

Have you worked here before: _____

Start Date: _____ End Date: _____

Where: _____

Rate of Pay: _____

Position: _____

Reason for Leaving: _____

Names of any relatives employed by us: _____

Are you currently employed: _____

List courses and training completed:

List any information that you feel would be helpful:

List safe driving awards received and from whom:

***Background information**

Education (Highest Completed K-12):_____ Higher Education (1-6):_____

- * A. Have you ever been denied a license: **Y / N**
- * B. Do you have a pending charge or past conviction for DWI/DUI? **Y / N**
- * C. Has a License, permit or privilege ever been suspended or revoked? **Y / N**
- * D. Do you have any pending charge or past conviction for possession a controlled substance? **Y / N**
- * E. Have you ever been refused liability insurance? **Y / N**
- * F. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? **Y / N**
- * G. Have you ever been convicted in a felony? **Y / N**

If you circled “**Yes**” any of the above, please explain here: this does not necessarily disqualify you for employment.

***Other Driver License Held in the last 3 Years**

	State	License #	Class	Exp Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Professional References

Name	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***Accident Review**

- * Have you had any accidents in the past 3 years? **Y / N**
- If “**Yes**” please list the detailed info below:

Date	Type	City & State	Fatalities / Injuries	HazMat Related?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Traffic Convictions for the past 3 years**

*Have you had any traffic convictions during the past 3 years? **Y / N**

If **“Yes”** please list the detailed info below:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Statement of Previous Employers**

COMPLETE INFORMATION FOR ALL PREVIOUS EMPLOYEERS IN LAST 10 YEARS

***FMCSA Standards**

The Federal Motor Carrier Safety Regulations (FMCSR’s) 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 pounds or more, (2) is designated or used to transport 8 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

^Safety Sensitive Function

Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

- (1) All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- (2) All time inspecting equipment as required by §§392.7 and 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) All time spent at the driving controls of a commercial motor vehicle in operation;
- (4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of §393.76 of this subchapter);
- (5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Previous Employer #1: _____

Previous Employer #2: _____

Supervisor: _____

Supervisor: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _____

Phone: _____

Position: _____

Position: _____

Start Date: _____

Start Date: _____

End Date: _____

End Date: _____

Reason for Leaving: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards: **Y / N**
Was the job a Safety Sensitive^ Function: **Y / N**

Were you subject to FMCSA* Standards: **Y / N**
Was the job a Safety Sensitive^ Function: **Y / N**

I, _____ authorize the previous employer named above to release and forward information concerning my employment history, safety and alcohol and controlled substance testing as required under the regulations of FMCSA, Part 40.25 and 391.23(h), to the prospective employer named below and/or their designated agent exclusively for driver qualification file purposes. I also authorize prospective employer and/or its agent to electronically sign a mirror copy of this release for me to facilitate collection of this information.

Applicant Signature

Date

I, _____ authorize the previous employer named above to release and forward information concerning my employment history, safety and alcohol and controlled substance testing as required under the regulations of FMCSA, Part 40.25 and 391.23(h), to the prospective employer named below and/or their designated agent exclusively for driver qualification file purposes. I also authorize prospective employer and/or its agent to electronically sign a mirror copy of this release for me to facilitate collection of this information.

Applicant Signature

Date

Previous Employer #3: _____

Supervisor: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Position: _____

Start Date: _____

End Date: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards: **Y / N**

Was the job a Safety Sensitive^ Function: **Y / N**

Previous Employer #4: _____

Supervisor: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Position: _____

Start Date: _____

End Date: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards: **Y / N**

Was the job a Safety Sensitive^ Function **Y / N**

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Applicant Signature

Date

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Applicant Signature

Date

Previous Employer #5: _____

Supervisor: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Position: _____

Start Date: _____

End Date: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards: **Y / N**

Was the job a Safety Sensitive^ Function: **Y / N**

Previous Employer #6: _____

Supervisor: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Position: _____

Start Date: _____

End Date: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards **Y / N**

Was the job a Safety Sensitive^ Function: **Y / N**

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Applicant Signature

Date

Previous Employer #7: _____

Supervisor: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Position: _____

Start Date: _____

End Date: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards: **Y / N**

Was the job a Safety Sensitive^ Function: **Y / N**

Previous Employer #8: _____

Supervisor: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Position: _____

Start Date: _____

End Date: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards: **Y / N**

Was the job a Safety Sensitive^ Function: **Y / N**

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Applicant Signature **Date**

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Applicant Signature **Date**

Previous Employer #9: _____

Supervisor: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Position: _____

Start Date: _____

End Date: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards: **Y / N**

Was the job a Safety Sensitive^ Function: **Y / N**

Previous Employer #10: _____

Supervisor: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Position: _____

Start Date: _____

End Date: _____

Reason for Leaving: _____

Were you subject to FMCSA* Standards: **Y / N**

Was the job a Safety Sensitive^ Function: **Y / N**

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Applicant Signature **Date**

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Applicant Signature **Date**

Applicant Must Read and Sign

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examination as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

I understand that the company is required to do a safety performance history investigation with those employers where I was subject to the Federal Motor Carriers Safety Regulations post October 2004. This investigation will include general identification and employment information, accident information, and drug/alcohol testing information.

I also am aware of the following due process rights and that I have the right to:

- 1. Review information provided by previous employers.**
- 2. Have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer;**
- 3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.**

Employment maybe subject to:

- 1. Passing physical exam by company designated physician**
- 2. Satisfactory reference reports**
- 3. Favorable reports from outside agencies on verification of information supplied**
- 4. Successful completion of job skills test(s) (if required)**

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.

Applicant Signature

Date

Work Experience Questions

Ever Hauled product/commodity		Experience	
Groceries	Y / N	Chains and Binders	Y / N
Fuel	Y / N	Straps	Y / N
Hot Oil	Y / N	Load Locks	Y / N
Bulk Cement	Y / N	Refer Units	Y / N
Lumber	Y / N	Lumber and Tarps	Y / N
Machinery	Y / N	Coil Racks	Y / N
Heavy Equipment	Y / N	Oversize Loads	Y / N
Steel Pipe	Y / N	Heavy Haul Roads	Y / N
Plastic Pipe	Y / N	Route Planning	Y / N
Vehicles	Y / N	Permit Ordering	Y / N
Chemicals	Y / N	Fuel Delivery	Y / N
Steel Beams	Y / N	Haz-Mat	Y / N
Concrete Beams	Y / N	Other_____	

Maintenance Experience and Qualifications

Training & Experience	Years of Exp.
Driveline Components	_____
Diesel Tune Up/Rebuild	_____
Gas Engine Tune Up/Rebuild	_____
Tire Service	_____
Trailer Repair	_____
Air Conditioning	_____
Body Work	_____
Electric Repair	_____
Frame/Wheel Alignment	_____
Brakes	_____
Cooling Systems	_____
Inspections	_____
General Car Repair	_____
Other	_____

Shop Equipment

Job Function	Years of Exp.
Elect. Diagnostic Equipment	_____
Diesel Particulate Filters	_____
Frame/Axle Straightening	_____
Engine Rebuilding Equipment	_____
Diesel Injection Equipment	_____
Electric Welder	_____
Oxyacetylene Welder	_____
Paint Spray Gun	_____
Air Conditioning	_____
Tire Service Machine	_____
Wheel/Tire Balancing Mach.	_____
Tire Recapping Mold	_____
Engine Dynamometer	_____
Magnetic Crack Detector	_____
Engine Analyzer	_____
Noise Measuring Equipment	_____
Smoke Measuring Equipment	_____
Inspections	_____
General Car Repair	_____
Other	_____

Driving Experience

Type	Start Date	End Date	Approx. # of Miles
Tractor Containers	_____	_____	_____
Tractor Flatbeds	_____	_____	_____
Tractor Dry Vans	_____	_____	_____
Tractor Refer Vans	_____	_____	_____
Tractor Tanker	_____	_____	_____
Tractor Lowboys'	_____	_____	_____
Tractor Dry Bulkers	_____	_____	_____
Doubles & Triples	_____	_____	_____
Straight Truck (Class B)	_____	_____	_____
Truck Pup	_____	_____	_____
Other	_____	_____	_____