



APPLICATION FOR EMPLOYMENT

DRIVER

IMPORTANT: Various Federal and State laws prohibit discrimination because of age, sex, race, color, religious creed, national origin, ancestry, physical handicap or military status. Inquires as to age or handicap are made in good faith for non-discriminatory purposes in completing the application form. Please exclude any information the character of which indicates the race, color, religious creed, national origin or ancestry of the applicant. Persons employed by this Company will be required to provide verification of information reported on this form. **FEDERAL LAW REQUIRES THAT ALL DRIVERS BE 21 YEARS OLD. IF YOU DO NOT MEET THIS REQUIREMENT, DO NOT COMPLETE THIS APPLICATION.**

APPLICANT INFORMATION

Full Name:			
Address:	City:	State:	Zip Code:
Phone number:		Social Security No:	
If the above residence is less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.			
Address:	City:	State:	Zip Code:
Position applying for:	Temporary:	Part Time:	Full Time:
Who referred you?		Rate of pay expected?	
Have you worked for this company before?	Dates: from _____ to _____	Where?	
Rate of pay:	Reason for leaving:		
Names of relatives employed by this company:			
Are you currently employed?	If yes, where?		
If not, how long since leaving last employment?			
Have you ever been convicted of a felony?	If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.		
Have you ever been discharged by an employer for theft or dishonesty?			

PAST EMPLOYMENT (LAST THREE EMPLOYERS)

Last employer:			
Company / Name:			
Address:	City:	State:	Zip Code:
Position:	From:	To:	Salary:
Reason for leaving:			
Second last employer:			
Company / Name:			
Address:	City:	State:	Zip Code:
Position:	From:	To:	Salary:
Reason for leaving:			
Third last employer:			
Company / Name:			
Address:	City:	State:	Zip Code:
Position:	From:	To:	Salary:
Reason for leaving:			

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 high school: 1 2 3 4 college: 1 2 3 4 5 6	
Last school attended:	Vocational Training:
Highest level math course taken:	List any other applicable course taken:

PHYSICAL HISTORY

List any physical limitations that might affect your ability to perform this job:

Are you physically capable of heavy manual work, (lifting 60 lbs or more). Yes_____No_____

Do you possess a medical examiner's certificate qualifying you to drive under Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49)? If so, please attach a copy to this application.

Safe driving awards you now hold and from whom:

DRIVER INFORMATION

Please attach a copy of your driver's license to this application.

Driver's License:	State:	License #	Type: A B C	Expiration Date:
Endorsements:		Restrictions:		

DRIVING EXPERIENCE

Class of equipment	Type of Equipment (Van, Flat, Tank, etc.)	Dates (From - To)	Approx. Total # of Miles or Hrs.
Straight Truck			
Tractor-Trailer			
Front-end Loader			
Concrete Truck			
Other:			

ACCIDENT RECORD FOR PAST THREE YEARS

If none, please indicate "none"	Date	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS

If none, please indicate "none"	Date	Location	Charge	Penalty
1.				
2.				

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Has any license, permit, or privilege ever been suspended or revoked?

If the answer to either of the above questions is yes, attach a statement giving details.

REFERENCES

List three personal references:

Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

PLEASE READ BEFORE SIGNING

I understand that in the event I am hired, my status will be that of any employee-at-will, with no contractual right, express or implied, to remain in the company's employ. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at the option of either the company or myself. I further understand that no unauthorized representative may enter any agreement for employment or make any agreement contrary to the foregoing. I hereby certify that all the information contained on this Application for Employment is true and complete. I authorize the Company to contact all sources necessary to verify this information. I understand that any misstatement or omission is cause for dismissal should I be employed. Should I be employed by the Company I hereby agree, in consideration of that employment, that all inventions, improvements, ideas, computer programs, applications or software(hereinafter "ideas") I conceive, make, reduce to practice, along or in combination with others, during my period of employment by the company and for a reasonable time thereafter, whether during or outside of working hours, which relate to the business of the Company, and that I will make full and timely disclosure of all such items to the company and in a form prescribed by the Company, and assist the Company at any time during and subsequent to my employment by it, in every lawful, proper and reasonable manner, to obtain, maintain and enforce patents, copyrights and intellectual property rights on said items, including the execution and assignment of all documents necessary thereto. I further agree to keep confidential and not to use or divulge, unless authorized to do so by the Company, all confidential information and trade secrets of the Company I obtain or become aware of as a result of my employment.

Signature:

Date: