

TERMINAL/RECRUITER _____

An Equal Opportunity Employer

FOR OFFICE USE ONLY
<input type="checkbox"/> M
<input type="checkbox"/> PE
<input type="checkbox"/> DT

APPLICATION FOR DRIVING EMPLOYMENT

IMPORTANT: Your application cannot be processed unless you list a telephone number and address for each reference listed on your application. If a company is out of business make an effort to list the name and telephone number of an individual that can be contacted for a personal reference.

A copy of your Driver's Record will be requested from the state in which your driver's license has been issued. If the violations and accidents listed on the application do not agree with your Driver's Record it will be grounds for rejection / disqualification.

PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS

POSITION APPLIED FOR: COMPANY DRIVER APPLICATION FOR: FLATBED
DATE: _____ 20____

NAME: _____ TELEPHONE: _____
Last Name First Name Middle Name Area Code Number

EMAIL: _____ CELL PHONE: _____
Area Code Number

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____ HOW LONG? _____
Street City State & Zip Code

ADDRESS FOR PAST THREE YEARS _____ HOW LONG? _____
Street City State & Zip Code

ADDRESS FOR PAST THREE YEARS _____ HOW LONG? _____
Street City State & Zip Code

WHO REFERRED YOU? _____

IN CASE OF EMERGENCY, PLEASE NOTIFY? _____
Name Address Telephone

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHEN? _____

DO YOU HAVE HAZMAT ENDORSEMENT? YES _____ NO _____

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THIS FIRM? _____ WHEN? _____

EDUCATION (List highest grade completed)

ELEMENTARY _____ HIGH SCHOOL _____ COLLEGE _____

DRIVING SCHOOL YES NO _____
School City State

GRADUATION DATE: _____ PHONE: _____

LIST ANY OTHER TRAINING OR SCHOOLS WITH GRADUATION DATES (Such as correspondence, Mechanical) _____

ACCIDENT RECORD FOR PAST 3 YEARS (If none, write none)

List all involvement with truck and car, including property damage - include preventable and non-preventable

DATE	TYPE VEHICLE	NATURE OF ACCIDENT (Head on, rear-end, upset, etc.)	Indicate Preventable or Non-Preventable	Fatalities	Injuries	Amount of Property Damage

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (If none, write none)

Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS - DRIVER
LIST ALL DRIVER LICENSES HELD IN THE PAST 3 YEARS**

STATE	DRIVER'S LICENSE NUMBER	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF TRAILER	DATES		APPROX. NO. OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & VAN SEMI-TRAILER				
TRACTOR & FLATBED SEMI-TRAILER				
SPECIALIZED COMBINATIONS				

- Have you **EVER** been denied a license, permit or privilege to operate a motor vehicle?..... YES NO
- Has any license, permit, or privilege, **EVER** been suspended or revoked? YES NO
- Have you **EVER** been convicted of a felony, the commission of which involved the use of a motor vehicle ? YES NO
- Have you **EVER** been convicted of a crime involving the manufacturing, knowing transportation, knowing possession, sale, or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? YES NO
- Have you **EVER** been convicted of operating a vehicle under the influence of alcohol, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug?..... YES NO
- Have you **EVER** been convicted of leaving the scene of an accident which resulted in personal injury or death? YES NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, STATE CIRCUMSTANCES AND DATE _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing all of your employers for the last 3 years, and all trucking employers for the last 10 years including all full or part-time employment. All time must be accounted for the last 3 years, including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. Periods of unemployment must be explained.

CURRENT EMPLOYER: NAME: _____ SUPERVISOR _____

MAY WE CALL YOUR CURRENT EMPLOYER TO VERIFY EMPLOYMENT? YES _____ NO _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON YOU WANT TO LEAVE _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

SECOND LAST EMPLOYER: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

THIRD LAST EMPLOYER: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

FOURTH LAST EMPLOYER: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

FIFTH LAST EMPLOYER: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

DRIVER QUALIFICATION QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" ON THE APPROPRIATE BLANK.
PLEASE SIGN YOUR NAME WHERE INDICATED AT THE BOTTOM OF THIS PAGE.

- | | YES | NO |
|---|-------|-------|
| 1. DO YOU HAVE 1 YEAR OVER-THE-ROAD VAN EXPERIENCE? | _____ | _____ |
| 2. DO YOU HAVE 1 YEAR OVER-THE-ROAD FLATBED STEEL HAULING EXPERIENCE? (COILS, BARS, SHEETS, ETC.) | _____ | _____ |
| "PAST EMPLOYMENT MUST BE VERIFIABLE" | | |
| 3. DO YOU HAVE A " <u>DUI</u> " ON YOUR DRIVING RECORD? (DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS) | _____ | _____ |
| 4. DO YOU HAVE A <u>RECKLESS OPERATION</u> ON YOUR DRIVING RECORD? | _____ | _____ |
| 5. DO YOU HAVE SIX (6) OR MORE <u>ACTIVE</u> POINTS ON YOUR DRIVING RECORD? | _____ | _____ |
| 6. HAVE YOU BEEN INVOLVED IN ANY <u>AT FAULT</u> (Your Fault) ACCIDENTS IN THE PAST THREE (3) YEARS? | _____ | _____ |
| 7. HAVE YOU HAD ANY <u>CARGO CLAIMS</u> IN THE LAST THREE (3) YEARS? | _____ | _____ |
| 8. CAN WE CONTACT YOUR PRESENT EMPLOYER? | _____ | _____ |

CHECK BELOW STATES IN WHICH YOU HAVE OPERATED A COMMERCIAL VEHICLE FOR THE LAST TEN YEARS:

- | | | | |
|---|---|---|---|
| EAST <input type="checkbox"/> CONNECTICUT
<input type="checkbox"/> DELAWARE
<input type="checkbox"/> MAINE
<input type="checkbox"/> MARYLAND
<input type="checkbox"/> MASSACHUSETTS
<input type="checkbox"/> NEW HAMPSHIRE
<input type="checkbox"/> NEW JERSEY
<input type="checkbox"/> NEW YORK
<input type="checkbox"/> PENNSYLVANIA
<input type="checkbox"/> RHODE ISLAND
<input type="checkbox"/> VERMONT | MIDWEST <input type="checkbox"/> ILLINOIS
<input type="checkbox"/> INDIANA
<input type="checkbox"/> IOWA
<input type="checkbox"/> KANSAS
<input type="checkbox"/> MICHIGAN
<input type="checkbox"/> MINNESOTA
<input type="checkbox"/> MISSOURI
<input type="checkbox"/> NEBRASKA
<input type="checkbox"/> NORTH DAKOTA
<input type="checkbox"/> OHIO
<input type="checkbox"/> SOUTH DAKOTA
<input type="checkbox"/> WISCONSIN | WEST <input type="checkbox"/> ARIZONA
<input type="checkbox"/> CALIFORNIA
<input type="checkbox"/> COLORADO
<input type="checkbox"/> IDAHO
<input type="checkbox"/> MONTANA
<input type="checkbox"/> NEVADA
<input type="checkbox"/> NEW MEXICO
<input type="checkbox"/> OKLAHOMA
<input type="checkbox"/> OREGON
<input type="checkbox"/> TEXAS
<input type="checkbox"/> UTAH
<input type="checkbox"/> WASHINGTON
<input type="checkbox"/> WYOMING | SOUTH <input type="checkbox"/> ALABAMA
<input type="checkbox"/> ARKANSAS
<input type="checkbox"/> FLORIDA
<input type="checkbox"/> GEORGIA
<input type="checkbox"/> KENTUCKY
<input type="checkbox"/> LOUISIANA
<input type="checkbox"/> MISSISSIPPI
<input type="checkbox"/> NORTH CAROLINA
<input type="checkbox"/> SOUTH CAROLINA
<input type="checkbox"/> TENNESSEE
<input type="checkbox"/> VIRGINIA
<input type="checkbox"/> WEST VIRGINIA |
|---|---|---|---|

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual
 Disabled Veteran
 Vietnam Era Veteran

Signed _____

EMPLOYMENT RECORD CONTINUED

SIXTH LAST EMPLOYER: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

SEVENTH LAST EMPLOYER: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

DRIVER JOB DESCRIPTION

Statement of basic function:

To effectively and efficiently load, secure, protect, transport and deliver customer(s) product from origin to destination in a safe timely manner within federal, state and local laws while maintaining a customer conscious attitude at all times.

Required duties, abilities and functions:

1. Utilize proper and safe loading and unloading prodedures and secure all loads according to company and DOT Safety Regulation standards
2. Physical ability to lift and manage tarps, chains, binders and other securement and protection equipment
3. Physical ability to safely climb equipment as required
4. Physical ability to drive for durations as prescribed by DOT Safety Regulations
5. Pick-up and deliver in a timely "on schedule" manner
6. Maintain daily communications with operations
7. Safe and proper use of all equipment assigned
8. Use proper reporting procedures in all situations
9. Abide by all DOT rules and regulations
10. Turn in all paperwork in an orderly and timely manner
11. Operate assigned vehicle(s) in a safe courteous manner
12. Report any and all accidents or cargo damage immediately
13. Report any and all citations within 24 hours
14. Insure that all maintenance schedules are met on time
15. Report all maintenance problems in a timely manner and document same
16. Conduct yourself in a professional courteous manner
17. Communicate all problems with Dispatch Personnel
18. Be knowledgeable and abide by company policy and procedures
19. Maintain in current status, CDL license and DOT physical
20. Insure that equipment assigned is properly licensed and permitted
21. Maintain cleanliness and good personal hygiene at all times

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB AS A PROFESSIONAL DRIVER? YES NO

IF "NO" YOU MAY WISH TO EXPLAIN, ALTHOUGH YOU ARE NOT LEGALLY REQUIRED TO DO SO. _____

GENERAL

HAVE YOU EVER BEEN KNOWN BY ANY OTHER LEGAL NAME THAN THE ONE ON THIS APPLICATION? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, WHEN AND WHY? _____

CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.

IF YES, WILL THIS CONVICTION PROHIBIT YOU FROM OPERATING OUTSIDE THE CONTINENTAL UNITED STATES? YES NO

HAVE YOU EVER BEEN DISCHARGED OR SUSPENDED FOR ANY CAUSE FROM A JOB? _____ WHEN AND WHY? _____

**APPLICANTS AUTHORIZATION
TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS**

I, _____, understand that as a condition of hire I must give the Company written authorization to obtain the results of all DOT-required drug and/or alcohol tests (including any refusals to be tested) from all the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be offered a position with the Company.

Below I have listed all of the companies for which I worked as a driver, or to which I applied as a driver during the past three (3) years, I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company, the following information concerning my drug and alcohol tests: (i) all positive drug test results during the past three (3) years: (ii) all alcohol test result of 0.04 or greater during the past three (3) years: (iii) all alcohol test results of 0.02 or greater but less than 0.04 during the past three (3) years: (iv) all instances in which I refused, to submit to a DOT-required drug and/or alcohol test during the past three (3) years.

The following is a list of all of the companies for which I worked as a driver, or, to which I applied for work as a driver, during the past three (3) years:

Company Name	Dates worked for/applied to
_____	_____
_____	_____
_____	_____
_____	_____

APPLICATION CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past three (3) years.

Signature of applicant	Print name	Date

TO BE READ AND SIGNED BY APPLICANT: *Please use supplementary sheet for any additional comments and information*

Under the due process rights, the applicant has the right to review information provided by previous employers; the right to have errors in information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employers; and the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the applicant cannot agree on the accuracy of information.

The applicant authorizes release of any information as conducted under FHWA 49 CFR parts 391 or 382 by any past or current employers, which includes all standards set forth by the Fair Credit Reporting Act.

It is agreed and understood that the employer of his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse.

The applicant agrees to furnish such additional information and complete such examinations as maybe required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It is understood that the applicant, by presenting the application for employment represents that the statements given by the applicant to the information requested in this application are true, correct, and complete, and that any false, misleading or incomplete statement of the information requested in the application shall be sufficient grounds for discharge from employment, regardless of the lapse of time.

This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

It is understood that all applicants will be required to pass a DOT physical and any and all drug and alcohol tests.

Date _____ Applicant's Signature _____