

# APPLICATION FOR EMPLOYMENT

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION.

Federal and State law prohibits discrimination based on: race, color, religion, sex, national origin, age, handicap or marital status.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that any misrepresentations given shall be considered an act of dishonesty and may result in my dismissal.

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

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete their employment file.

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

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

NAME: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_  
(In Full)

DATE OF BIRTH: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ OTHER PHONE#'S: \_\_\_\_\_  
Required by DOT §391.21(b)(2)

CURRENT ADDRESS: \_\_\_\_\_  
(Street) (City) (State and Zip)

The addresses at which the applicant has resided during the 3 years preceding the date on which the application is submitted §391.21(b)(3).

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State and Zip)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State and Zip)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State and Zip)

(ATTACH SHEET IF MORE SPACE IS NEEDED FOR ADDRESSES)

MARITAL STATUS:  SINGLE  ENGAGED  MARRIED  SEPARATED  DIVORCED  WIDOWED

POSITION APPLIED FOR: \_\_\_\_\_ TEMPORARY OR PERMANENT: \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ IF YES WHERE: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAMES OF RELATIVES IN OUR EMPLOY: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED: \_\_\_\_\_

Are there any reasons you might not be able to perform the functions of the job for which you have applied? If yes, explain in detail: \_\_\_\_\_

## EDUCATION:

Circle highest grade completed for each.

FIRST AND SECONDARY: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE/UNIVERSITY: 1 2 3 4

**EMPLOYMENT RECORD:**

§391.21(b)(10): A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3 years contained in paragraph (b)(10) (totaling 10 years) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment.

**LAST EMPLOYER NAME:** \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State and Zip)

POSITIONS HELD: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State and Zip)

POSITIONS HELD: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State and Zip)

POSITIONS HELD: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State and Zip)

POSITIONS HELD: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED FOR ADDRESSES)

**GENERAL:**

HAVE YOU EVER BEEN BONDED: \_\_\_\_\_ NAME OF BONDING COMPANY: \_\_\_\_\_  
(Answer only if required for job)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ If yes, please explain in full. A conviction of a crime is not an automatic bar to employment and all circumstances will be considered.

HAVE YOU EVER BEEN KNOWN BY ANY NAME OTHER THAN THE ONE ON THIS APPLICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, UNDER WHAT NAME? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS OF DRIVERS:**

§391.21(b)(5): The issuing State, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant.

DRIVER LICENSES HELD IN THE PAST 3 YEARS MUST BE SHOWN.	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

*CONTINUED EXPERIENCE AND QUALIFICATIONS OF DRIVERS:*

§391.21(b)(8) A list of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which the applicant was convicted or forfeited bond or collateral during the 3 years preceding the date the application submitted;

§391.21(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred.

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

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered "YES" to either A, B, or C, explain in detail (Attach a sheet if more space is needed): \_\_\_\_\_

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS, ATTACH A SHEET IF MORE SPACE IS NEEDED).**

LOCATION	DATE	CHARGE	PENALTY

§391.21(b)(7) A list of all motor vehicle accidents in which the applicant was involved during the 3 years preceding the date the application is submitted, specifying the date and nature if each accident and any fatalities or personal injuries it caused.

**ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH A SHEET IF MORE SPACE IS NEEDED)**

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

§391.21(b)(6) The nature and extent of the applicant's experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers and pole trailer) which he/she has operated. **DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REFER, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM: MM/YY	TO: MM/YY	
BUSES _____ NUMBER OF PASSENGERS _____				
TRUCK _____				
TRUCK TRAILERS _____				
SEMI TRAILERS _____				
FULL TRAILERS _____				
OTHER TRAILERS _____				

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? \_\_\_\_\_

*OTHER EXPERIENCE & QUALIFICATIONS*

COURSES OR TRAINING IN PLATFORM WORK: \_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.): \_\_\_\_\_

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH: \_\_\_\_\_

*CLERICAL EXPERIENCE AND QUALIFICATIONS*

	FORMAL TRAINING	YEARS/ EXPERIENCE		FORMAL TRAINING	YEARS/ EXPERIENCE	
BOOKKEEPING/ACCT.			FAX MACHINE			OTHER:
TYPING/KEYBOARDING			DISPATCHER			
TEN KEY/CALCULATOR			OS&D			COMPUTER SOFTWARE WORKED WITH:
CASHIER			CLAIMS			

RATES: INDICATE TARIFFS WITH WHICH YOU HAVE WORKED \_\_\_\_\_

**MAINTENANCE EXPERIENCE AND QUALIFICATIONS**

	FORMAL TRAINING	YEARS/ EXPERIENCE		FORMAL TRAINING	YEARS/ EXPERIENCE		FORMAL TRAINING	YEARS/ EXPERIENCE
ELECTRIC WELDER			BRAKES			TRAILER REPAIR		
OXYACETYLENE WELDER			FRAME & AXLE STRAIGHTENING EQUIPMENT			WHEEL & TIRE BALANCING MACHINE		
PAINT SPRAY GUN			ELECTRICAL REPAIR			MAGNETIC CRACK TESTER		
SHEET METAL EQUIPMENT			EMISSIONS/SMOKE TESTING			ENGINE ANALYZER		
BODY WORK			DIAGNOSTIC EQUIPMENT (TYPES)			NOISE MEASURING EQUIPMENT		
DIESEL ENGINE TUNE-UP/REBUILD			CHASSIS DYNAMOMETER			CLUTCH REBUILDING		
GAS ENGINE TUNE-UP/REBUILD			ENGINE DYNAMOMETER			DIFFERENTIAL REBUILDING		
AIR CONDITIONING (CAB)			COOLING SYSTEM			TRANSMISSION REBUILDING		
AIR CONDITIONING (CARGO)			INSPECTIONS: (STATE/FEDERAL)			OTHER: _____		

ASE CERTIFICATION(S) SPECIFY: \_\_\_\_\_

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.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

*FOR OFFICE USE-DO NOT WRITE IN THIS SPACE*  
**PROCESS RECORD**

§391.23 Investigation and inquiries. (a) Except as provided in Subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs. (1) An inquiry into the driver's driving record during the preceding 3 years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those 3 years; and (2) An investigation of the driver's employment record during the preceding 3 years. (b) The inquiry to State agencies required by paragraph (a)(1) of this section must be made within 30 days of the date the driver's employment begins and shall be made in the form and manner those agencies prescribe. A copy of the response by each State agency, showing the driver's driving record certifying that no driving record exists for that driver, shall be retained in the carrier's files as part of the driver's qualifications file. (c) The investigation of the driver's employment record required by paragraph (a)(2) of this section must be made within 30 days of the date his/her employment begins. The investigation may consist of personal interviews, telephone interviews, letters, or any other method of obtaining information that the carrier deems appropriate. Each motor carrier must make a written record with respect to each past employer who was contacted. The record must include the past employer's name and address, the date he/she was contacted, and his/her comments with respect to the driver. The record shall be retained in the motor carrier's files as part of the driver's qualification file.

APPLICANT HIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO POINT EMPLOYED: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

\* IF REJECTED, A SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE \*  
*THIS SECTION TO BE FILLED IN BY THE RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE*

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. *PHYSICAL EXAM*						
4. PAST EMPLOYMENT						
5. WRITTEN EXAM						
6. *ROAD TEST*						
7. POLICE AND TRAFFIC RECORD						

\*Driver Applicants Only\* Signature of interviewing officer: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR TRANSFER: \_\_\_\_\_ REASON FOR TRANSFER: \_\_\_\_\_  
DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_  
DISMISSED: \_\_\_\_\_ VOLUNTARILY QUIT: \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

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