

EDUCATION

Circle Highest Grade Completed: 7 8 9 10 11 12

College: 1 2 3 4

Name	City/State	Yr. Graduated	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
Trade School _____	_____	_____	_____
Other _____	_____	_____	_____

All driver applicants to drive in interstate commerce **must** provide the following information on all employers during the preceding 3 years, list complete mailing address, street number, city, state and zip code. *Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.*

MOST RECENT EMPLOYER	DATE
BUSINESS NAME	FROM: TO:
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
SUPERVISOR NAME/TITLE PHONE NUMBER	REASON FOR LEAVING

EMPLOYER	DATE
BUSINESS NAME	FROM: TO:
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
SUPERVISOR NAME/TITLE PHONE NUMBER	REASON FOR LEAVING

EMPLOYER	DATE
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ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
SUPERVISOR NAME/TITLE PHONE NUMBER	REASON FOR LEAVING

EMPLOYER			DATE	
BUSINESS NAME			FROM:	TO:
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR NAME/TITLE		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
BUSINESS NAME			FROM:	TO:
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR NAME/TITLE		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
BUSINESS NAME			FROM:	TO:
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR NAME/TITLE		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
BUSINESS NAME			FROM:	TO:
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR NAME/TITLE		PHONE NUMBER	REASON FOR LEAVING	

Person to Notify in case of emergency _____

Please include daytime phone number

TO BE READ AND SIGNED BY APPLICANT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I understand that the information provided herein may be used and that my prior employers may be contacted for the purpose of investigating my background. I further understand and agree that if hired my employment is "at will" for no definite period, and may regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice, for any reason, and that it in no way is to be construed as a contract of employment.

By checking this box you are certifying that you have read and agree to the above statement.

Signature: _____ Date: _____

Driver Applicant Only
DOT Supplemental Information

DATES	TYPE OF ACCIDENT	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Accident record for past 3 years or more *(attach sheet if more space is needed)* **if none, write none**

Traffic convictions and forfeitures for the past 3 years *(other than parking tickets)* **if none, write none**

LOCATIONS	DATE	CHARGE	PENALTY

Experience and qualifications – Driver

DRIVER LICENSES INFORMATION			
STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Date of Birth _____ Can you provide proof of age? ___Yes ___No
(Required for Commercial Drivers)

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

*If the answer to either above questions is **YES**, attach statement-giving details.

Driving Experience: If none, write none

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	APPROX. # OF MILES	DATE	
			FROM	TO
STRAIGHT TRUCK				
TRACTOR TRAILER				
10 WHEELER				
OTHERS				

List states operated in for the last five years _____

List other pertinent skills or experiences _____

Authorization to Release Information

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Signature _____ Date _____



EQUAL EMPLOYMENT OPPORTUNITY (EEO) DATA REPORTING FORM

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, and marital or veteran status. Completion of this form is **VOLUNTARY**. There will be no impact on your application if you chose not to answer any of these questions.

Print Name _____ Date _____

Position applying for _____

Gender: ___ Male ___ Female ___ I do not wish to identify

Are you a United States Citizen? ___ Yes ___ No If no, do you have a current work visa? ___ Yes ___ No
(If no, please explain) _____

Ethnicity (Check One):

- ___ **Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ___ **Not Hispanic or Latino**

Race (Check all that apply):

- ___ **American Indian or Alaskan Native** – a person having origins in any of the original people of North or South American (including Central America), or who maintains tribal affiliation or community attachment.
- ___ **Asian** – a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- ___ **Black or African American** – a person having origins in any of the black racial groups of Africa.
- ___ **Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ___ **Native Hawaiian or Other Pacific Islander** – a person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Islands.
- ___ **White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ___ **I do not wish to identify** – all persons not wishing to self-identify race/ethnicity.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities

If you are disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding 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. Please check all that apply.

- ___ Yes, I have a disability ___ No, I do not have a disability ___ Disabled Veteran ___ Vietnam Era Veteran
- ___ I do not wish to identify

FOR OFFICE USE ONLY
EEO CATEGORY: _____