**Soutbern Delivery POBOX 1179 lrmo, *SC* 29063**

**COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT**

(answr all questions - please print)

I

In compliance with Federal and State equal :employment opportunity laws, qualified applicants are

considered for all positions wihout regard toirace, color, religion, sex, national origin, age, marital status or non-job related disability. . I

. List your addresses of residency for the past 3 years.

i

First Name: Miadle Initial:

---------------------- I -----

SSN#:

Last Name: -----------------------

Current Address

Street

State Zip Code

City

( ) - How Long? Phone

Previous

Addresses

How Long?

Street

! City State *I* Zip Code

I

 How Long?

Street

City State *1* Zip Code

 How Long?

Street

City State *I* Zip Code

 How Long?

Street

I City State *I* Zip Code

Do you have the legal right to work in the United Stat s? Yes No

Date of Birth: Can you produce proof of age?: ------ -

i (Required for commercial motor vehicle drivers.)

1

Hav.e you worked for this company before? -----'------

Where? -------------- ---------------

From \_

To

Rate of Pay

 Position

Reason for Leaving --------------:---------1---------------------------------------------

Currently employed? If not, how long'

since leaving last employment? -----------------------

Were you referred?

By whom? --+--------------Rate of pay expected \_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job desciption)? I

I -

If yes, explain if you wish.

**EXPERIENCE AND QUALIFICATIONS - OTHER**

I

List any trucking, transportation or other experien?e that may help in your work for this company.

i

Any special equipment or technical materials you Can work with (other than those already shown)

1

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 i4 56 7 8 HIGH SCHOOL 1 2 3 4

COLLEGE 1 2 3 4

LASTSCHOOLATTENDED -r--------------------------------------------

(NAME)

(ADDRESS)

LIST ANY SPECIAL COURSES, CLASSES OR •

PROGRAMS THAT WILL HELP YOU AS A DRIVE ------------------------------------------------

**EXPERIENCE AND QUALIFICATIONS- DRIVER**

I

STATE LICENSE NO. TYPE EXPIRATION DATE

I

DRIVER '

'

i

I

I

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT C?R PRIVILEGE TO OPERATE A MOTOR VEHICLE?

B. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? I

I

C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

I

IF THE ANSWER TO A, 8 OR CIS YES, ATTACH! STATEMENT GIVING DETAILS

YES NO YES NO

YES NO

**DRIVING EXPERIENCE** IF NONE, WRITE NONE

|  |  |  |  |
| --- | --- | --- | --- |
|  | TYPE OF EQUIPMENT(VAN, TANK, FLAT, ETC.) | DATESFROM TO | APROX. NO. OF MILES (TOTAL) |
| STRAIGHT TRUCK |  |  |  |  |
| TRACTOR AND SEMI |  |  |  |  |
| TRACTOR 2 TRAILERS | I |  |  |  |
| OTHER | I |  |  |  |
|  |

CLASS OF EQUIPMENT

I

I

LIST STATES OPERATED IN FOR LAST FIVE YE RS --------------------

•

I

WHICH SAFE DRIVING AWARDS DO YOU HOLD f\ND FROM WHOM?..\_.----------------

'

!

I

**EMPLOifMENT HISTORY**

!

ALL DRIVER APPLICANTS TO DRIVE IN INTERST TE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL DURING THE PRECEDING 3 YEARS. LIST COMPILETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE.

i

APPLICANTS TO DRIVE A COMMERCIAL MOTORiVEHICLE\* IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO

I

PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED

SUCH VEHICLE. I

I

(NOTE: LIST EMPLOYERS IN REVERSE ORDER START'NG WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

NAME ADDRESS

**EMPLOYER DATE**

I FROM ITO

I MO. YR. MO. YR.

POSITION HELD

CITY

I

$TATE

I ZIP SALARY/WAGE

CONTACT pHONE NUMBER REASON FOR LEAVING

**iEMPLOYER DATE**

NAME I F uM YR. - YR.

MO.

ADDRESS j POSITION HELD

I

CITY

I

jSTATE

I ZIP

SALARY/WAGE

CONTACT pHONE NUMBER REASON FOR LEAVING

i

**!EMPLOYER DATE**

I FROM j,To

NAME

! MO. YR. MO. YR.

ADDRESS I POSITION HELD

CITY

I

!STATE

IZIP SALARY/WAGE

CONTACT .PHONE NUMBER REASON FOR LEAVING

**!EMPLOYER DATE**

I FROM

NAME

! MO. YR.

'IMTO. YR.

ADDRESS i POSITION HELD

i

CITY iSTATE I ZIP SALARY/WAGE

CONTACT :PHONE NUMBER REASON FOR LEAVING

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\* A COMMERCIAL MOTOR VEHICLE INCLUDING VE ICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER;

VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS INISUCH QUANTITY REQUIRING PLACARDS.

i

i

**TO BE READ' AND SIGNED BY APPLICANT**

This certifies that this application was completed I by me, and that all entries on it and information in it are true and

complete to the best of my knowledge. '

I authorize you to make such investigations and )inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding

1

medical history and are made only if and after a onditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing

information in connection with my application. I

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am :required to abide by all rules and regulations of the company.

Date Applicant's Signiture

I

**TO BE COMPLETED BY PERSONNEL DEPARTMENT**

Applicant Hired Yes No (circle one) 'I

If yes, date of hire

Terminal location:

! Classification:

:

Supervisor: I

i

'

**IF APPLICANT IS NOT HIRED, iREPORT REVIEW SHOULD BE PLACED IN FILE**

**TO BE COMPLETED BY RI$SPONSIBLE COMPANY REPRESENTATIVE**

I

APPLICATION INTERVIEW

LAST EMPLOYMENT WRITTEN EXAM ROAD TEST

cRIMINAL RECORD

AND TRAFFIC

CONVICTIONS PHYSICAL EXAM (DRIVER APPLICANTS)

SUPERIOR

GOOD I FAIR BELOW AVERAGE POOR WRITTEN RECORD ON FILE

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|  |  | I |

SIGNATURE OF INTERVIEWING REPRESENTATIVE..:....:------------------

**TRANSFERS**

FROM: -------- TO: --------- ---- FROM:

-------------TO:

--------

DATE: DATE: ------------------------------ REASON FOR TRANSFER REASON FOR TRANSFER --------------------

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED ; DEPARTMENT RELEASED FROM

i

DISMISSED--------- VOLUNTARILY QUIT OTHER -----------

TERMINATION REPORT PLACED IN FILE I

 S\_U\_P\_E\_R\_V-IS-OR

------ ------- --------------------------

ACCIDENT RECORD FOR THE PAST 3 YEARS (f,TTACH SHEET IF MORE ROOM IS NEEDED) IF NONE, WRITE NONE.

I NATURE OF ACCIDENT

DATES

FATALITIES! (HEAD-ON, REAR-END, UPSET, ETC.) INJURIES

I

|  |  |  |  |
| --- | --- | --- | --- |
| LAST ACCIDENT |  | II |  |
| NEXT PREVIOUS |  | 'I |  |
| NEXT PREVIOUS |  | I |  |  |

'

I

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

I

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING VIOLATIONS)IF NONE, WRITE NONE.

LOCATION DATE CHARGE PENALTY

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(ATTACH/SHEET IF MORE SPACE IS NEEDED.)

I