

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application \_\_\_\_\_ 20\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street / Apt. # City

Province / State

Postal Code / Zip

Phone Number

ADDRESS \_\_\_\_\_ How Long? \_\_\_\_\_

FOR Street / Apt. #

City

PC/Zip

PAST 3

YEARS

Street/ Apt. #

City

PC/Zip

How Long? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age \_\_\_\_ YES \_\_\_\_ NO Are you a U.S. Citizen \_\_\_\_ YES \_\_\_\_ NO  
Mth Day Yr

In case of emergency notify \_\_\_\_\_  
Name Address Phone

Drivers license Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Have you worked for this company before? \_\_\_\_ YES \_\_\_\_ NO Where? \_\_\_\_\_

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ Position \_\_\_\_\_  
Mth Yr Mth Yr

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_ YES \_\_\_\_ NO If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

---

**PHYSICAL HISTORY**

**NOTICE: A DRUG TEST IS A PART OF OUR PRE-EMPLOYMENT PHYSICAL**

List any handicap that prevents you from doing certain kinds of work \_\_\_\_\_

Are you physically capable of heavy manual work? \_\_\_\_ YES \_\_\_\_ NO Ever injured on the job? \_\_\_\_ YES \_\_\_\_ NO

Give nature & degree of such injuries \_\_\_\_\_

How much time lost from work in past three years for illness? \_\_\_\_\_

Would you be willing to take a physical examination? \_\_\_\_ YES \_\_\_\_ NO

# EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle \* in intrastate or interstate commerce shall also provide an additional 10 years information on those employers for whom the applicant operated such vehicle.

LAST EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
Area Code Tel. Number  
Mth Yr Mth Yr  
REASONS FOR LEAVING \_\_\_\_\_

SECOND EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
Area Code Tel. Number  
Mth Yr Mth Yr  
REASONS FOR LEAVING \_\_\_\_\_

THIRD EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
Area Code Tel. Number  
Mth Yr Mth Yr  
REASONS FOR LEAVING \_\_\_\_\_

EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
Area Code Tel. Number  
Mth Yr Mth Yr  
REASONS FOR LEAVING \_\_\_\_\_

EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
Area Code Tel. Number  
Mth Yr Mth Yr  
REASONS FOR LEAVING \_\_\_\_\_

EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
Area Code Tel. Number  
Mth Yr Mth Yr  
REASONS FOR LEAVING \_\_\_\_\_

EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
Area Code Tel. Number  
Mth Yr Mth Yr  
REASONS FOR LEAVING \_\_\_\_\_

EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
Area Code Tel. Number  
Mth Yr Mth Yr  
REASONS FOR LEAVING \_\_\_\_\_

\* Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8    HIGH SCHOOL: 1 2 3 4    COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
NAME
CITY

**EXPERIENCE & QUALIFICATIONS – DRIVER**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF ML/KM (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

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? \_\_\_\_\_  
 \_\_\_\_\_

## EXPERIENCE & QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company \_\_\_\_\_

List courses and training other than shown elsewhere in this application \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown) \_\_\_\_\_

---

## TO BE READ AND SIGNED BY APPLICANT

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, as permitted by Law.

I am also obligated to repay any and all cash advances that I may have taken during my employment with you, as cash advances between pay periods will be repaid on the pay period following my advance. Should my employment with this company be terminated at anytime either by my own decision or the companies decision, any outstanding debt that I have incurred with the company (pay advance or any other cost) the amount of money left owing will be deducted from my last and final pay period with the company, should my final pay not be enough to cover all of my advances I will agree to make other such payment arrangements as this debt will not be dissolved until it has been paid in full.

I will accept responsibility for any fuel purchases made with the company fuel card that I am given during the term of my employment with this company. My fuel card number will remain the same and will follow me if I am moved to another truck, (my fuel card will only be replaced if the previous one is not working or damaged in anyway). I understand that the company fuel card is for use on company vehicles only; abuse of this card will violate company policy. 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.

\_\_\_\_\_ 200\_\_

Date

\_\_\_\_\_ Applicant Signature

Fuel Card No: \_\_\_\_\_ Print Applicant Name \_\_\_\_\_

---

## PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Police/Traffic Rcd						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

---

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____

## TRANSFERS TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_/\_\_\_\_/\_\_\_\_ DEPT. RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_YES \_\_\_NO VOLUNTARILY QUIT \_\_\_YES \_\_\_NO OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_YES \_\_\_NO SUPERVISOR \_\_\_\_\_