

**TRANSPORT INC.**

P.O. Box 178

Brenham, Texas 77834

(P) 979- 836-1660 (F) 979-836-3739

*Commercial Driver*

Application for Employment

# Date

Applicant Name Home Phone: ( )

Last First Middle Cell Phone: ( )

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Current Address

Street City State Zip Code

* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Street | City | State | Zip Code |  |
| Street | City | State | Zip Code |  |

Position Applying for Temporary Part Time Full Time

Who Referred You? Rate of Pay Expected?

Have you ever worked for this company before? Dates: From to

month/year month/year Where? Rate of Pay Position Reason for leaving Names of any relatives employed by this company Are you currently employed? If not, how long since leaving last employment?

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended

Name Address

GENERAL

Have you ever been bonded? Name of bonding company

(Answer only if a job requirement)

Have you ever been convicted of a felony?

If yes, please explain below. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

IN CASE OF EMERGENCY, NOTIFY: Phone ( )

Address

DRIVER EXPERIENCE AND QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.

Date of Birth

month/day/year

Social Security Number - -

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination Can you provide a copy

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the

loss of foot, leg, hand or arm? Yes No

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

1. Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?

yes no

1. Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work? yes no
2. If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? yes no

Applicants Signature: Date:

Witnessed By: Date:

DRIVER’S LICENSE INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Driver  Licenses held | State | License Number | Type | Expiration Date |
| in past 3 |  |  |  |  |
| years must |  |  |  |  |
| be shown |  |  |  |  |

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
2. Has any license, permit or privilege ever been suspended or revoked? Yes No
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered “Yes” to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| Class of Equipment  Straight Truck | Type of Equipment (Van, Tank, Flat, etc.) | Dates  From To | Approximate Total Miles |
| Tractor and Semi-Trailer |  |  |  |
| Twin |  |  |  |
| Other |  |  |  |

List states operated in during the last five years:

DRIVER EXPERIENCE AND QUALIFICATION (continued)

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date Nature of Accident

(Head-On, Rear-End, Upset, etc) # Fatalities # Injuries # Vehicles Towed Citation Issued?

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date Location Charge Penalty

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the last or current position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: Supervisor’s Name: Address: Phone: ( ) Position Held: From To Salary

Mo. /Yr. Mo. /Yr.

Reason for Leaving:

Previous Employer: Supervisor’s Name: Address: Phone: ( ) Position Held: From To Salary

Mo. /Yr. Mo. /Yr.

Reason for Leaving:

Previous Employer: Supervisor’s Name: Address: Phone: ( ) Position Held: From To Salary

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Previous Employer: Supervisor’s Name: Address: Phone: ( ) Position Held: From To Salary

Mo. /Yr. Mo. /Yr.

Reason for Leaving:

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or 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 other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application 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

Applicant Hired? Yes No

Date Employed

Department

(If not hired, summary report of reasons should be placed in file)

Classification

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

Signature of Interviewing Officer Date

Termination of Employment

Date Terminated Department Released From

Dismissed Voluntary Quit Other

Termination Report Placed in File Supervisor

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION