Application for Employment - Commercial Driver

Date

Company Name:

Street Address:

City, State, Zip:

Applicant Name Home Phone ( ) Last First Middle Cell Phone: ( )

\* 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

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? yes no If yes, which branch of service:

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves? yes no Are you currently serving in National Guard? yes no

GENERAL

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.

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 State License Number Type Expiration Date Licenses held

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 Type of Equipment Dates Approximate (Van, Tank, Flat, etc.) From To Total Miles

Straight Truck

Tractor and Semi-Trailer Twin

Other

List states operated in during the last five years:

List special courses or training that will help you as a driver:

List safe driving awards held and who awards were presented by:

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 Mo. /Yr. Mo. /Yr.

Salary

Reason for Leaving:

Previous Employer:

Supervisor’s Name:

Address:

Phone: ( )

Position Held:

From To Mo. /Yr. Mo. /Yr.

Salary

Reason for Leaving:

Previous Employer:

Supervisor’s Name:

Address:

Phone: ( )

Position Held:

From To Mo. /Yr. Mo. /Yr.

Salary

Reason for Leaving:

Previous Employer:

Supervisor’s Name:

Address:

Phone: ( )

Position Held:

From To Mo. /Yr. Mo. /Yr.

Salary

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all this employment application. It is agreed and understood that the employer or his agents may investigate the applicant’s background to ascertain all information of concern to applicant’s record, whether same is of record or not, and the 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 can perform 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 provide 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.

I understand that I will be placed on a 180-day probationary period. During which time I can be released from Dynasty Environmental without prior notice or write up.

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 of Birth (month/day/year)

Date Employed

Point Employed

Department

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

Classification

IN CASE OF EMERGENCY, NOTIFY: Phone ( )

Address

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

1. Application
2. Interview
3. Physical Exam \*
4. Past Employment
5. Written Exam
6. Policy & Traffic Record (driver applicants only)

Below Written Record Superior Good Fair Average Poor on File

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