



Include your accident record for the past 3 years. If there are no accidents to record, write "None." If you need more space, attached a separate sheet of paper.

<b>Date</b>	<b>Location</b>	<b>Type of Accident</b> (Head-On, Rear-End, Upset, Etc.)	<b>Injuries</b> (Yes w/ # or No)	<b>Fatalities</b> (Yes w/ # or No)

### **EMPLOYMENT HISTORY**

Record your employment history for the last 10 years, including any gaps in employment. Add another sheet if needed.

<b>#</b>	<b>Employer Information</b>			<b>Date(s)</b>	
1	Business:			Start:	End:
	Address:			Position:	
	City:	State:	Zip:	Rate of Pay:	
	Main Contact:		Main Phone:	Reason for leaving:	
	Were you in a random Drug/Alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did the position require a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Business:			Start:	End:
	Address:			Position:	
	City:	State:	Zip:	Rate of Pay:	
	Main Contact:		Main Phone:	Reason for leaving:	
	Were you in a random Drug/Alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did the position require a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Business:			Start:	End:
	Address:			Position:	
	City:	State:	Zip:	Rate of Pay:	
	Main Contact:		Main Phone:	Reason for leaving:	
	Were you in a random Drug/Alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did the position require a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Business:			Start:	End:
	Address:			Position:	
	City:	State:	Zip:	Rate of Pay:	
	Main Contact:		Main Phone:	Reason for leaving:	
	Were you in a random Drug/Alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did the position require a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Business:			Start:	End:
	Address:			Position:	
	City:	State:	Zip:	Rate of Pay:	
	Main Contact:		Main Phone:	Reason for leaving:	
	Were you in a random Drug/Alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did the position require a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Business:			Start:	End:
	Address:			Position:	
	City:	State:	Zip:	Rate of Pay:	
	Main Contact:		Main Phone:	Reason for leaving:	
	Were you in a random Drug/Alcohol Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did the position require a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**TRAFFIC CONVICTIONS & FORFEITURES**

Record any traffic convictions, forfeitures, or violations in the last 3 years (other than parking). If there are none, write none.

#	Date:	Location	Charge	Penalty
1			\$	
2			\$	
3			\$	

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 yes, explain: \_\_\_\_\_

**DRIVING EXPERIENCE**

Record any driving experience which you have obtained. If you have no experience in one area, leave the section blank.

Class of Equipment	Type of Equipment	Location From:	Location To:	Approx. Total # of Miles
<b>Straight Truck</b>				
<b>Tractor &amp; Semi-Trailer</b>				
<b>Tractor &amp; Double Trailer</b>				
<b>Motorcoach/School Bus</b>				
<b>Other:</b>				

List states operated in last 5 years: \_\_\_\_\_

List any safe driving awards: \_\_\_\_\_

List any special training: \_\_\_\_\_

Any other transportation/special training: \_\_\_\_\_

**EDUCATION**

Highest Level of Education: \_\_\_\_\_ Graduate:  Yes  No

Technical School Education: \_\_\_\_\_ Graduate:  Yes  No

**\*To be read & signed by applicant\***

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. I authorize you to make such investigations and inquiries of personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional 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.

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 Signature: \_\_\_\_\_

**FOR COMPANY USE**

Applicant:  Hired  Rejected  Other: \_\_\_\_\_ Department: \_\_\_\_\_ Classification: \_\_\_\_\_

(If rejected, summary report of reasons should be placed in file)

Interviewing Agent: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Employment:**

Date: \_\_\_\_\_ Point: \_\_\_\_\_

**Termination:**

Date: \_\_\_\_\_ Point: \_\_\_\_\_