DRIVER'S APPLICATION FOR EMPLOYMENT

Address:	Applicant Name:	Date of Application:					
City:	(Print)						
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, veteran status, non-job related disability, or any other protected group status. TO BE READ AND SIGNED BY APPLICANT 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 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. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e) I understand that I have the right to: Review information provided by previous employers. Have errors in the information corrected by previous employer; and those employer(s) and I cannot agree on the accuracy of the information, if the previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and a rebuttal statement attached to the alleged erroneous information, if the previous employers and information agree on the accuracy of the information. Signature: PROCESS RECORD APPLICANT HIRED: PROCESS RECORD APPLICANT HIRED: POINT EMPLOYED: DATE EMPLOYED: DOINT EMPLOYED: DOINT EMPL	Address:	Ctata . Zin.					
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(Answer All Questions - please print)

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Who referred you?	?	,	Rate of pay expe	ected:			
Have you ever bee	en bonded?	Name of bo	onding company:				
(Answer only if a job requ	iirement)						
	en convicted of a felo			• • • • • • •			
			er. Conviction of a crim	ne is not an automatic bar to			
employment-all cli	rcumstances will be	considered.					
Is there any reason	y vou might ha unahl	a to porform the	no functions of the job f	for which you have applied [as			
2	, .	-	ic functions of the job i	11 -			
	ou wish.	-					
ii yes, explain ii y	ou wisii.						
		EMPLOYN	MENT HISTORY				
All driver applican	nts to drive in intersta	te commerce	must provide the follow	ying information on all employers			
during the precedi	ng 3 years. List comp	olete mailing a	ddress, street number,	city, state and zip code.			
				ce shall also provide an additional 7			
-			cant operated such vehicl				
(NOTE: List employ	yers in reverse order sta	arting with the	most recent. Add another	sheet as necessary.)			
EMPLOYER				DATE			
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THE DRUG AND ALCOHOL NO YES TI	ESTING REQUIF	REMENTS OF 49 C	FR PART 40? Yes	s No	0	
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WAS YOUR JOB DESIGNATED AS A SA THE DRUG AND ALCOHOL NO YES							SUBJECT TO No
• Includes vehicles having a GVWR of 26,0 size vehicle used to transport hazardous m				15 or mo	re passei	ngers, or a	any
The Federal Motor Carrier Safety Regulation commerce to transport passengers or propert or used to transport 9 or more passengers, Opplacarding.	ty when the vehicle	e: (1) weighs or ha	as a GVW	R of 10,0	01 pound	ls or more	e, (2) is designed
ACCIDENT RECORD FOR PAST 3 YEAR	ARS OR MORE	ATTACH SHEE	ET IF MO	RE SPAC	CE IS N	EEDED)	IF NONE.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

LAST ACCIDENT

DATE NATURE OF ACCIDENT FATALITIES INJURIES HAZARDOUS MATERIAL SPILL

(HEAD-ON, REA	AR-END, UPSE	T, ETC.)			
NEXT PREVIOUS DATE NATUR (HEAD-ON, REA	E OF ACCID		FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
NEXT PREVIOUS DATE NATUR (HEAD-ON, REA	E OF ACCID		FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
	NS AND FO	RFEITURE	S FOR THE PA	ST 3YEARS (C	OTHER THAN PARKING VIOLATIONS)
NONE, WRITE NONE LOCATION		DATE		CHARGE	PENALTY
LOCATION		DATE		CHARGE	PENALTY
LOCATION		DATE		CHARGE	PENALTY
ATTACH A SEPARATE	SHEET IF	MORE SPA	CE IS NEEDED)	
List all driver licenses or p			CE AND QUALI	IFICATIONS -	DRIVER
DRIVER LICENSES	STATE	LICEN	SE NO.	TYP	E EXPIRATION DATE
DRIVER LICENSES —	STATE	LICEN	SE NO.	TYP	E EXPIRATION DATE
DRIVER LICENSES —	STATE	LICEN	SE NO.	TYP	E EXPIRATION DATE
A. Have you ever been on B. Has any license, perm If the answer to either A	nit or privile	ge ever bee	n suspended or	revoked?	r vehicle? Yes No Yes No
DRIVING EXPERIENCE CLASS OF EOUIPMENT Straight Truck Yes1 TRACTOR AND SEMI-T	T CIR	CLE TYPE	E OF EQUIPME at, dump, refer)	FROM	TES APPROX. NO. OF MILES M (MN) TO (MN) Total
TRACTOR AND SEMI-T					

Signature:		Date:	
TO BE READ A This certifies that this application was completed by me, and complete to the best of my knowledge.	ND SIGNED BY APPLIC, and that all entries on it a		
CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 LAST SCHOOL ATTENDED (NAME)	EDUCATION HIGH SCHOOL: 1 2 3 4 (CITY),	COLLEGE: 1 2 3 4 (STATE)	
LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS			SHOWN)
LIST COURSES AND TRAINING OTHER THAN SHOWN EL	SEWHERE IN THIS APPLICA	TION	
EXPERIENCE AN SHOW ANY TRUCKING, TRANSPORTATION OR OTHER E.	D QUALIFICATIONS – C XPERIENCE THAT MAY HEI		COMPANY
WHICH SAFE DRIVING AWARDS DO YOU HOLD AN			
SHOW SPECIAL COURSES OR TRAINING THAT WIL			
LIST STATES OPERATED IN FOR LAST 5 YEARS:			
OTHER No			
YesNo MOTORCOACH-SCHOOLBUS MORE THAN 15 PASSE	ENGERS		
MOTORCOACH-SCHOOLBUS MORE THAN 8 PASSES	NGERS		

New Hire Items Needed With Application

- 1. Copy of Drivers MVR, the MVR has to be dated within a 2 week period of us getting that person's application.
- 2. Copy of that person's driver's license and medical card.
- 3. Any reference or previous employers listed on the application it is mandatory we have either a fax number or email address of the reference or previous employer.