

**AN EQUAL OPPORTUNITY EMPLOYER**

It is our policy to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

**APPLICATION FOR EMPLOYMENT**

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

**PERSONAL DATA**

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP TELEPHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA # AND EXPIRATION DATE

DO YOU HAVE A VALID DRIVERS LICENSE?  Yes  No

LICENSE NUMBER: STATE: EXPIRATION DATE: ENDORSEMENTS:

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW?  Yes  No IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**POSITION INFORMATION**

POSITION APPLIED FOR: \_\_\_\_\_

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS?  Yes  No

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? \_\_\_\_\_

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY?  Yes  No

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY?  Yes  No

IF YES, WHEN? (MO.) (YR.)

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY THE COMPANY?  Yes  No

IF YES, WHEN? (MO.) (YR.) FOR WHAT POSITION? \_\_\_\_\_

## EDUCATION

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LAST HIGH SCHOOL ATTENDED/complete address

ATTENDED FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADUATED?  Yes  No

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COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADUATED?  Yes  No

MAJOR \_\_\_\_\_

DEGREE RECEIVED \_\_\_\_\_

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COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADUATED?  Yes  No

MAJOR \_\_\_\_\_

DEGREE RECEIVED \_\_\_\_\_

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OTHER (Technical, Vocation, Graduate, etc. complete address)

ATTENDED FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADUATED?  Yes  No

MAJOR \_\_\_\_\_

DEGREE RECEIVED \_\_\_\_\_

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LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

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IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?

\_\_\_\_\_ Fluent?  Yes  No

\_\_\_\_\_ Fluent?  Yes  No

\_\_\_\_\_ Fluent?  Yes  No

## MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): \_\_\_\_\_

MILITARY OCCUPATION: \_\_\_\_\_

DATE OF ENTRY INTO ACTIVE DUTY: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF SEPARATION: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MONTH/YEAR) (MONTH/YEAR)

RANK AT THE TIME OF SEPARATION: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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## EMPLOYMENT HISTORY

**IMPORTANT!** STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

### PRESENT OR MOST RECENT EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR				
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				
REASON FOR LEAVING				

### PREVIOUS EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR				
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				
REASON FOR LEAVING				

### PREVIOUS EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR				
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				
REASON FOR LEAVING				

### PREVIOUS EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR				
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				
REASON FOR LEAVING				

## DRIVING RECORD

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT.	FATALITIES	INJURIES	HAZARDOUS

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS-DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 was YES to A or B, give details \_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK YES <input type="checkbox"/> NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER YES <input type="checkbox"/> NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR- TWO TRAILER YES <input type="checkbox"/> NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR- THREE TRAILERS YES <input type="checkbox"/> NO <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS YES <input type="checkbox"/> NO <input type="checkbox"/> 8+ PASSAGNERS	--			
MOTORCOACH- SCHOOL BUS YES <input type="checkbox"/> NO <input type="checkbox"/> 15+ PASSAGERS	--			
OTHER				

LIST STATES OPERATED IN FOR 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? \_\_\_\_\_

**PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.**

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the **President** of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)  I do not qualify  
I do qualify under the following:  Handicapped  
 Vietnam Era Veteran  
 Disabled Veteran

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period.