



775-291-1142

P.O. BOX 61806, RENO, NV 89506

OFFICE: 775-786-6999 FAX: 775-284-8312

Application for Employment

Name _____ Date _____

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, 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 regarding 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 performances history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by my previous employers.
- Have errors in the information corrected previous employers and for those 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 employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date: _____

Name _____ SSN _____

Current Address _____

Address for past 3 years _____

Phone number _____ Date of Birth _____

Name of person to notify in case of emergency _____

Phone Number _____ Relationship _____

Position applying for _____ Salary desired _____

Do you have the legal right to work in the United States? _____

Have you ever worked for this company before? _____

If yes, when? _____

Are you now employed? _____ If no, how long since leaving last employment? _____

Who referred you? _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Highest education level reached: (circle one) 8 9 10 11 12 13 14 15 16

List last school attended

Please list all tickets you have received in the past three years:

Date	Charge	Location	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any license, permit or privilege ever been suspended or revoked? _____

Have you ever been denied a license, permit or privilege to operate a vehicle? _____

If yes to either, please explain. _____

Current Driver's license:

State of issue _____ License number _____ Expiration date _____

List all states that you have held licenses in during the past 3 years

State	License Number
_____	_____
_____	_____
_____	_____

List all states that you have operated in during the last 5 years _____

Show special courses or training that will help you as a driver. _____

Which safe driving awards do you hold and from whom: _____

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown else were in this application: _____

List special equipment or technical material you can work with (other than those already shown)

List all driving experience

Straight truck: From _____ To _____

Tractor trailer: From _____ To _____

Do you have experience with the following? If so, please list dates.

- Ten-Wheeler _____
- End Dump _____
- Bottom Dump _____
- Bottom Dump Trains _____
- Water Truck _____
- Transfers _____
- Heavy Haul _____

Have you ever been convicted of a felony? If so, please list charge and date.

Do you use any form of drugs or narcotics that could interfere with your ability to operate a commercial motor vehicle safely? _____

Have you ever served in the military? If yes, please list dates and branch of service.

Have you attended any truck driving training schools? If yes, please list dates and names.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____
If yes, explain if you wish. _____

Past Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

List employers in reverse order starting with the most recent. Add another sheet as necessary.

Employer _____ Phone number _____
 Address _____
 City _____ State _____ Zip code _____
 Supervisor _____ Employed From _____ To _____
 Position Held _____ Salary _____
 Reason for Leaving _____
 Were you subject to the FMCSR's++ while employed? _____
 Was your job designated as a safety-sensitive function in any way DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? _____

Employer _____ Phone number _____
 Address _____
 City _____ State _____ Zip code _____
 Supervisor _____ Employed From _____ To _____
 Position Held _____ Salary _____
 Reason for Leaving _____
 Were you subject to the FMCSR's++ while employed? _____
 Was your job designated as a safety-sensitive function in any way DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? _____

Employer _____ Phone number _____
 Address _____
 City _____ State _____ Zip code _____
 Supervisor _____ Employed From _____ To _____
 Position Held _____ Salary _____
 Reason for Leaving _____
 Were you subject to the FMCSR's++ while employed? _____
 Was your job designated as a safety-sensitive function in any way DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? _____

Employer _____ Phone number _____
 Address _____
 City _____ State _____ Zip code _____
 Supervisor _____ Employed From _____ To _____
 Position Held _____ Salary _____
 Reason for Leaving _____
 Were you subject to the FMCSR's++ while employed? _____
 Was your job designated as a safety-sensitive function in any way DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? _____

Employer _____ Phone number _____

Address _____
 City _____ State _____ Zip code _____
 Supervisor _____ Employed From _____ To _____
 Position Held _____ Salary _____
 Reason for Leaving _____
 Were you subject to the FMCSR's++ while employed? _____
 Was your job designated as a safety-sensitive function in any way DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? _____

Employer _____ Phone number _____
 Address _____
 City _____ State _____ Zip code _____
 Supervisor _____ Employed From _____ To _____
 Position Held _____ Salary _____
 Reason for Leaving _____
 Were you subject to the FMCSR's++ while employed? _____
 Was your job designated as a safety-sensitive function in any way DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? _____

Employer _____ Phone number _____
 Address _____
 City _____ State _____ Zip code _____
 Supervisor _____ Employed From _____ To _____
 Position Held _____ Salary _____
 Reason for Leaving _____
 Were you subject to the FMCSR's++ while employed? _____
 Was your job designated as a safety-sensitive function in any way DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? _____

*Includes vehicles having a VWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
 **The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a VCWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous material in a quantity requiring placarding.

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any falsified, misleading, or untrue statements will result in my not being granted a safety clearance. I also understand that if at any future date any of the above information is deemed to be false, that my safety clearance may be revoked at that time. By my signature below, I grant permission for the company that I am applying with permission to investigate my background and past employment.

Applicant signature _____ Date _____

MAKE SURE APPLICATION IS COMPLETELY FILLED OUT NO BLANKS

DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY

Interviewed by _____ Date _____

Comments

Interviewed by _____ Date _____

Comments

Hire date _____ Position _____

Salary/Wages per hour _____ Start Date _____