

EMPLOYMENT APPLICATION

Date _____

Name _____
First Middle Last

Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Social Security Number _____

Email Address: _____

If you lived at the above address for less than 3 years, continue listing them below to cover the previous 3 year period:

1. Address _____ Dates: From _____ To _____

2. Address _____ Dates: From _____ To _____

Position applying for:

___ Equipment Operator ___ Truck Driver ___ Laborer ___ Other _____

Salary/Hourly Wage Desired: _____

Driver's License Information - List all licenses held within the last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Do you have a Commercial Driver's License (CDL)? ___ Yes ___ No

Special Studies and/or Skills _____

Hobbies: _____

Education:	Name & Location	# of Years Completed	Diploma/Degree
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High School	_____		
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College or Trade School	_____		
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Employment History – List all employers within the past 10 years (most recent listed first):

1. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____
Position: _____ Starting Wage: _____
Duties: _____ Ending Wage: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for leaving: _____

2. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____
Position: _____ Starting Wage: _____
Duties: _____ Ending Wage: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for leaving: _____

3. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____
Position: _____ Starting Wage: _____
Duties: _____ Ending Wage: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for leaving: _____

Use backside of sheet for additional employers if needed

Have you been an active member in the United States Military? ☐ Yes ☐ No

If yes, please list the branch, years of services and reason for discharge: _____

Emergency Contact: _____

Relationship to You: _____ Phone: _____

Certification

“I certify 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.”

Applicant's Signature

Date Signed

TO BE COMPLETED BY EMPLOYER:

Received by:

Reviewed by:
