DRIVERS APPLICATION FOR EMPLOYMENT



370 Lees Mill Road Forest Park, GA 30297

Entire application must be completed for consideration

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, or the presence of a non-job related medical condition or handicap.

Position(s) Applied for:	- Allerian	D	Pate of Application:	
Last Name:	First Name:		Middle Name:	
Date of Birth:	Proof of Age:	Yes No	Social Security No:	
	List your addresses of r	esidency for the la	st 3 years below	
Address:	City:	State:	Zip Code:	How Long:
Address:	City:	State:	Zip Code:	How Long:
Address:	City:	State:	Zip Code:	How Long:
Do you have the legal right to w Have you filled out an application Have you ever been employed by Date From: Date: To: If no, reason for leaving:	on here beforeYes No here before?Yes No _ Rate of Pay: Position	If yes answer the		
Are you currently employed? _				
During the past 7 years have yoYes No	u ever been convicted of, or	have you pleaded ş	guilty or no contest cont	ended to, a felony offense:
If yes, please explain here:	· · · · · · · · · · · · · · · · · · ·			
Is there any reason you might be attached job description?Yes		ctions of the job for	r which you have applied	d as described in the
If yes pleas explain here:				



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. Account for all periods of unemployment.

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

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

CURRENT OR LAST EMPLOYER				
Company Name:	······································	Date From:	To:	Position:
Address:	City:	State:	Zip Code:	Salary/Wage:
Contact Name:		Phone No:	Reason for L	eaving:
SECOND LAST EMPLOYER				
Company Name:		Date From:	To:	Position:
Address:	City:	State:	Zip Code:	Salary/Wage:
Contact Name:		Phone No:	Reason for L	eaving:
THIRD LAST EMPLOYER				
Company Name:		Date From:	To:	Position:
Address:	City:	State:	Zip Code:	Salary/Wage:
Contact Name:		Phone No:	Reason for I	eaving:
FOURTH LAST EMPLOYER				
Company Name:	2000	Date From:	To:	Position:
Address:	City:	State:	Zip Code:	Salary/Wage:
Contact Name:		Phone No:	Reason for I	eaving:
FIFTH LAST EMPLOYER				
Company Name:		Date From:	To:	Position:
Address:	City:	State:	Zip Code:	Salary/Wage:
Contact Name:		Phone No:	Reason for I	Leaving:
SIXTH LAST EMPLOYER				
Company Name:		Date From:	To:	Position:
Address:	City:	State:	Zip Code:	Salary/Wage:
Contact Name:		Phone No:	Reason for l	Leaving:
SEVENTH LAST EMPLOYER				
Company Name:		Date From:	To:	Position:
Address:	City:	State:	Zip Code:	Salary/Wage:
Contact Name:	<u> </u>	_ Phone No:	Reason for	Leaving:

Have you ever tested posit you have applied for, that o Department of transportat YesNo	did not ob	tain employment in	a safety-sens	itive transpo	rtation position (ie	nalf of and e, truck di	d employer of which river) covered by the
Have you tested positive, r accident, or reasonable su YesNo	refused to spicion co	test or had an adulte vered by the DOT dr	erated test fo rug and alcoh	r drug or alco ol testing rul	ohol test for pre-en es during the past	nploymer two year:	nt, random, post- s?
If you answered yes, can w YesNo							
DATES MM/DD/Y		NATURE C			FATALIT		INJURIES
		(HEAD-ON, REAR-END, ROLLOVER, ETC					
Last:							
Previous:							
Third Previous:							
TRAFFIC CITATIONS OR	CONVICT	IONS AND FOREFE	ITURES FOR	THE PAST 3	YEARS IF HOM	ME WRIT	E NONE
LOCATION		DAT MM/DD		CHARGE	Ε	PENALTY	
		(Attach additio	nal sheet if i	nore space i	is needed)		
ARE YOU A VETERA	N OF THE I	J.S. MILITARY SERVIO	CES OR CURRI	ENTLY IN THE	E NATIONAL GUARD	OR RESE	RVES? _Yes _No
If yes, what was your bra	nch of U.S.	Military Service?		1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	_ From MM/YY: _		To MM/YY:
Enter Highest Grade:		n Grade Level: 5 7 8 9 10 11 12	College 1 C1 C2 C		College De	gree:	
Driver's License #:		State:	S CONTRACTOR AND A CONT	Type: _	Ex	p. Date: _	
A. Have you ever be B. Has any license,	een denied	a license, permit or	privilege to	operate a mo	tor vehicle?	Yes	
IF	THE ANSV	VER TO EITHER A C	OR B IS YES,	ATTACH STA	ATEMENT GIVING	DETAIL	S
		DRIVING EXPERII	ENCE:	IF NONE,	WRITE NONE		
CLASS OF EQUIPMENT Straight Truck		TYPE OF EQU	UIPMENT	FRO	м то	APPRO	DX. NO. OF MILES
Tractor and semi-trailer Tractor and two trailers Other							
						릛	

ist states operated in for the last 5 years:
ist special courses or training to help drive:
ist safe driving awards and from whom:
EXPERIENCE AND QUALIFICATION-OTHER
Other trucing experience that may help you work:
ist other special training not mentioned elsewhere:
List special equipment or technical material used:
TO BE READ AND 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 the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medica history and other related matters as may be necessary in arriving at an employment decision. 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, a permitted by law.
SIGNATURE OF APPLICANT: DATE:
SIGNATURE OF OWNER:DATE:
SIGNATURE OF ADMINISTRATOR: DATE: