



# Truck Driver Application for Employment

NAME \_\_\_\_\_  
Last First Middle

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PREVIOUS THREE (3) YEARS.

CURRENT \_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip Code Telephone How Long? (yr./mo.)

PREVIOUS \_\_\_\_\_  
Street City State Zip Code How Long? (yr./mo.)  
\_\_\_\_\_  
Street City State Zip Code How Long? (yr./mo.)  
\_\_\_\_\_  
Street City State Zip Code How Long? (yr./mo.)  
\_\_\_\_\_  
Street City State Zip Code How Long? (yr./mo.)

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_

DATE OF BIRTH (Required for Commercial Drivers) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CAN YOU PROVIDE PROOF OF YOUR AGE? \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY PREVIOUSLY? \_\_\_\_\_ WHICH DIVISION: \_\_\_\_\_

DATES: From \_\_\_\_\_ To \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED \_\_\_\_\_ WHO REFERRED YOU? \_\_\_\_\_

PAY RATE EXPECTED \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY \_\_\_\_\_

(If Yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.)

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?

IF YES, EXPLAIN IF YOU WISH

**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 intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER INFORMATION		DATE	
NAME		FROM	TO
		Mo Yr	Mo Yr
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	TELEPHONE NUMBER	REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER INFORMATION		DATE	
NAME		FROM	TO
		Mo Yr	Mo Yr
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	TELEPHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER INFORMATION		DATE	
NAME		FROM	TO
		Mo      Yr	Mo      Yr
ADDRESS		POSITION HELD	
CITY                      STATE                      ZIP		SALARY/WAGE	
CONTACT PERSON	TELEPHONE NUMBER	REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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NAME		FROM	TO
		Mo      Yr	Mo      Yr
ADDRESS		POSITION HELD	
CITY                      STATE                      ZIP		SALARY/WAGE	
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**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, Etc)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

**TRAFFIC CONVICTIONS and FORFEITURES FOR THE 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)

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? \_\_\_\_\_

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVER EXPERIENCE** Check Yes or No

CLASS OF EQUIPMENT	CIRCLE		DATES		APPROX NO. OF MILES
	YES	NO	FROM	TO	
STRAIGHT TRUCK			(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-Semi-Trailer			(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-Two Trailers			(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR-Three Trailers			(VAN, TANK, FLAT, DUMP, REFER)		

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? \_\_\_\_\_

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR A&L IRON:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (other than those already shown) \_\_\_\_\_

## EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_  
NAME CITY AND STATE

## 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 A&L Iron and Metal Co. 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 error in the information corrected by 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.

This certifies 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_