**COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected classification.

**(PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Application:

Position(s) applied for: Physical Exam Exp. Date:

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

Name

Last First Middle

Address

No. Street City State Zip Code

Telephone number: ( )

Are you currently authorized to work in the United States for any employer? □Yes □ No

If No, will you require now or in the near future employment visa sponsorship? □Yes □ No

(Proof of employment eligibility will be required upon employment.)

Have you filed an application or worked here before? □ Yes □ No

If yes, state position held or applied for and dates:

**EDUCATION**

**Name & Location of Major/Degree Years Completed Did you**

**School (Describe course of study) (circle) Graduate?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School |  |  | 9 10 11 12 | □ Yes □ No |
| College/University |  |  | 1 2 3 4 | □ Yes □ No |
| College/University |  |  | 1 2 3 4 | □ Yes □ No |
| Other Training or Education: | | |  |  |

**EMPLOYMENT EXPERIENCE**

Are you employed now? □ Yes □ No May we contact your present employer? □ Yes □ No

Please provide the following requested information regarding your employment history for up to the last ten years: Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, ancestry, age, disability or other protected status.

|  |  |  |
| --- | --- | --- |
| Most Recent Employer | | Address Telephone |
| Dates Employed  From: To: | Starting Position (Describe duties) | |
| Reason for Leaving | Position on Leaving (Describe duties) | |
| Name and Title of Supervisor | Were you subject to the FMCSRs while employed here? **□Yes □No**  Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **□Yes □No** | |
| Previous Employer | Address Telephone | |
| Date Employed  From: To: | Starting Position (Describe duties) | |
| Reason for Leaving | Position on Leaving (Describe duties) | |
| Name and Title of Supervisor | Were you subject to the FMCSRs while employed here? **□Yes □No**  Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **□Yes □No** | |

|  |  |  |
| --- | --- | --- |
| Previous Employer | | Address Telephone |
| Dates Employed  From: To: | Starting Position (Describe duties) | |
| Reason for Leaving | Position on Leaving (Describe duties) | |
| Name and Title of Supervisor | Were you subject to the FMCSRs while employed here? **□Yes □No**  Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **□Yes □No** | |
| Previous Employer | Address Telephone | |
| Date Employed  From: To: | Starting Position (Describe duties) | |
| Reason for Leaving | Position on Leaving (Describe duties) | |
| Name and Title of Supervisor | Were you subject to the FMCSRs while employed here? **□Yes □No**  Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **□Yes □No** | |

# DRIVING EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| Class of Equipment | From | To | Approximate Number of Miles |
| Straight Truck |  |  |  |
| Tractor & Semi-trailer |  |  |  |
| Tractor & two trailers |  |  |  |
| Tractor & triple trailers |  |  |  |
| Other |  |  |  |

List states operated in, for the last five (5) years:

List special courses/training completed (PTD/DDC, HAZMAT, ETC):

List any Safe Driving Awards you hold and from whom:

## Accident Record for past three (3) years: (attach sheet if more space is needed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Accident | Nature of Accidents (Head on, rear end, etc.) | Location of Accident | # of Fatalities | # of People Injured |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Location | Charge | Penalty |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Have you ever been denied a license, permit or privilege to operate a motor vehicle? □ Yes □ No

Has any license, permit or privilege ever been suspended or revoked? □ Yes □ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? □ Yes □ No

**Driver’s License (list each driver’s license held in the past three(3) years:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State | License | Type | Endorsements | Expiration Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**REFERENCES**: List 3 business references, including at least two direct Supervisors:

**Name Business Telephone # Address Years Acquainted**

1.

2.

3.

###### **APPLICANT’S STATEMENT**

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Food and Paper Supply Co. to make an investigation of any of the facts set forth in this application. I agree to immediately notify Food and Paper Supply Co. if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, while my job application is pending, or during my period of employment, if hired.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted company polices.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that this application does not create a contract of employment. I understand that, if hired, employment at Food and Paper Supply Co. is “at will,” which means that either I or Food and Paper Supply Co. can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of Food and Paper Supply Co., other than the President, has any authority to alter the foregoing.

I hereby acknowledge that I have read and understand the above statements.

## Applicant Signature Date