

Driver's Application For Employment

Applicant Name: _____ Date of Application: _____

Company: A&S Transportation, Inc. Address: 649 5th Avenue South Naples, FL 34102

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran 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 personnel 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 also understand 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 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 errors 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.

Signature _____ Date: _____

FOR COMPANY USE ONLY

PROCESS RECORD

Applicant Hired? If yes complete the following:

Date Employed: _____

District: _____

Interviewing Manager: _____

Signature: _____

Human Resources: _____

Signature: _____

APPLICANT TO COMPLETE

(Answer all questions – if not applicable put N/A)

Last Name: _____ First Name: _____ SSN _____ - _____ - _____

Phone Number: _____ Secondary Phone: _____

Position(s) applied for: _____ Rate of pay expected: _____

List your addresses for the past 3 years:

Current Address:

Address: _____ City: _____ State: _____ Zip: _____ How long? _____

Previous Addresses

Address: _____ City: _____ State: _____ Zip: _____ How long? _____

Address: _____ City: _____ State: _____ Zip: _____ How long? _____

Address: _____ City: _____ State: _____ Zip: _____ How long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth: _____ Can you provide proof of age? Yes No

Have you worked for this company before? Yes No If so, where? _____

Are you currently employed? Yes No

How were you referred to the company? _____

Please list any reasons you might be unable to perform the functions of the job for which you are applying. If none, please put N/A.

EMPLOYMENT HISTORY

All driver applicants to drive in a commercial motor vehicle in intrastate or interstate commerce must provide the following information on all employers during the preceding 7 years. List complete mailing address, street number, city, state and zip code.

Employer: _____ Employed from: _____ to _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

Position Held: _____ Salary/Wage: _____

Reason For Leaving: _____

Were you subject to FMCSRs* (DOT regulations) while employed? Yes No

Were you subject to DOT drug & alcohol testing? Yes No

Employer: _____ Employed from: _____ to _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Person: _____ Phone Number: _____
Position Held: _____ Salary/Wage: _____
Reason For Leaving: _____
Were you subject to FMCSRs* (DOT regulations) while employed? Yes No
Were you subject to DOT drug & alcohol testing? Yes No

Employer: _____ Employed from: _____ to _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Person: _____ Phone Number: _____
Position Held: _____ Salary/Wage: _____
Reason For Leaving: _____
Were you subject to FMCSRs* (DOT regulations) while employed? Yes No
Were you subject to DOT drug & alcohol testing? Yes No

Employer: _____ Employed from: _____ to _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Person: _____ Phone Number: _____
Position Held: _____ Salary/Wage: _____
Reason For Leaving: _____
Were you subject to FMCSRs* (DOT regulations) while employed? Yes No
Were you subject to DOT drug & alcohol testing? Yes No

Employer: _____ Employed from: _____ to _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Person: _____ Phone Number: _____
Position Held: _____ Salary/Wage: _____
Reason For Leaving: _____
Were you subject to FMCSRs* (DOT regulations) while employed? Yes No
Were you subject to DOT drug & alcohol testing? Yes No

*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 GVWR of 10,000 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for past three years. Please list date, nature of accident (head-on, rear-end, upset, etc.), fatalities/injuries and if hazardous materials were involved. *If no accidents, please write N/A.*

Last Accident: _____

Next Previous: _____

Next Previous: _____

Traffic Convictions and forfeitures for the past 3 years (other than parking violations). Please list County, date, charge and penalty. *If none, please write N/A.*

Last Violation: _____

Next Previous: _____

Next Previous: _____

Next Previous: _____

Have you EVER been convicted of a DUI, DWI and/or DUBAL? Yes No

Have you EVER been convicted for reckless driving? Yes No

Have you EVER been convicted of fleeing or attempting to elude a police officer? Yes No

Have you EVER been convicted of leaving the scene of an accident? Yes No

Have you EVER been convicted of a railroad crossing violation? Yes No

Have you EVER been convicted of passing a school bus while it is unloading or loading? Yes No

Has your license EVER been suspended or revoked? Yes No If so, please explain:

Have you ever been convicted of a felony? Yes No If so, please explain:

EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past 3 years.

State: _____ License #: _____ Class/Endorsements _____ Expiration: _____

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

Please list any other driving experience (equipment type & approximate dates/miles driven):

Education listing highest grade completed and any degrees earned: _____

To be read and signed by applicant: This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge:

Signature: _____

Date: _____