



APPLICATION FOR EMPLOYMENT

This Company Is an Equal Opportunity Employer
(If applying for position other than DRIVER, please ask management for proper application)

PERSONAL INFORMATION

Today's Date _____ Social Security No. _____ - _____ - _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Telephone Number (____) ____ - _____

Are you over 18 years of age? Yes ____ No ____

If not, can you, after employment, submit a work permit? Yes ____ No ____

EMPLOYMENT DESIRED

Position Applying For _____ Date Available _____

Desired Wage _____ Full Time (_____) Part Time (_____) _____

Specify Hours/Days _____ Date you can start _____

Are you able to perform the essential functions/duties of the position for which you are applying, including regular attendance, with or without a reasonable accommodation? (If you need a description of the essential functions of the position for which you are applying, please contact management of the company or ask for a job description).

List any reasonable accommodations which would be necessary to permit you to perform the essential functions of the job.



REFERENCES

Give the names of three persons not related to you whom you have known for at least one year.

1. **Name** _____
 Address _____
 City _____ State _____ Zip Code _____ Telephone No. _____
 Type of business _____ Number of years acquainted _____

2. **Name** _____
 Address _____
 City _____ State _____ Zip Code _____ Telephone No. _____
 Type of business _____ Number of years acquainted _____

3. **Name** _____
 Address _____
 City _____ State _____ Zip Code _____ Telephone No. _____
 Type of business _____ Number of years acquainted _____

EMERGENCY CONTACT INFORMATION

Name _____
 Address _____
 City _____ State _____ Zip Code _____ Telephone No. _____
 Relation _____ Number of years acquainted _____

CRIMINAL RECORD

1. Have you ever been convicted of a non-marijuana related misdemeanor, felony or a crime?

Yes _____ No _____ (Conviction will not necessarily disqualify you from employment).

2. Have you been convicted of a marijuana related misdemeanor or felony within the last two years?
(Do not provide information about marijuana convictions more than 2 years old).

Yes _____ No _____ (Conviction will not necessarily disqualify you from employment).

3. Are you presently under arrest, out on bail, or on your own recognizance pending trial for a felony or misdemeanor?

Yes _____ No _____ (You will not necessarily be disqualified from employment).

If you answered yes to any of the above four questions, please explain below:

NOTICE: New employees are required to produce verification of their legal right to work in the United States. If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States and to attest under penalty of perjury that the documents you have produced are genuine and relate to you.



FORMER EMPLOYMENT

List last employer first. Describe all employment for the last four years. You may attach a resume however, you must provide the information requested herein if said information is not otherwise on your resume.

1. **Employer** _____

Address _____ City _____

State _____ Zip Code _____ Telephone No. _____

Position Held _____ Salary _____

From _____ To _____ Supervisor _____

Reason for leaving _____

2. **Employer** _____

Address _____ City _____

State _____ Zip Code _____ Telephone No. _____

Position Held _____ Salary _____

From _____ To _____ Supervisor _____

Reason for leaving _____

3. **Employer** _____

Address _____ City _____

State _____ Zip Code _____ Telephone No. _____

Position Held _____ Salary _____

From _____ To _____ Supervisor _____

Reason for leaving _____

Trade Secret/Confidentiality Agreements

Are you currently subject to any trade secret or confidentiality agreement between you and a previous employer which would prohibit you from performing the essential functions/duties of the position for which you are applying?

Yes _____ No _____

If yes, please explain: (Do not disclose the content of the agreement).



ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, WRITE NONE. (ATTACH SHEET IF MORE SPACE IS NEEDED.)

PLEASE DATE	NATURE OF ACCIDENT (Head-on, Rear-end, Upset)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

OTHER THAN PARKING VIOLATIONS, TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS, IF NONE, WRITE NONE. (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- 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 ABOVE IS YES, PLEASE ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE - IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

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?

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT APPLIES



Complete below when information is obtained.

Information received from _____

Method: Fax

Recorded by _____

Mail Phone

Date _____

Personal Interview

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (√) in the appropriate column.

CHARACTERISTICS	EXCEL EXCELLENT	GOOD	FAIR	POOR
Disposition, tact and ability to get along with others				
Initiative, resourcefulness				
Safety habits				
Driving Skill				
Attitude				
Loyalty				

Additional remarks

SIGNATURE

TITLE

DATE



EDUCATION

COLLEGE ATTENDED			
NAME & ADDRESS	COURSE SUBJECT	GRADUATE	DEGREE

TRADE OR BUSINESS SCHOOL ATTENDED			
NAME & ADDRESS	COURSE SUBJECT	GRADUATE	DEGREE

TECHNICAL SCHOOL ATTENDED			
NAME & ADDRESS	COURSE SUBJECT	GRADUATE	DEGREE

HIGH SCHOOLS ATTENDED			
NAME & ADDRESS	COURSE SUBJECT	GRADUATE	DEGREE

ELEMENTARY SCHOOL ATTENDED			
NAME & ADDRESS	COURSE SUBJECT	GRADUATE	DEGREE

List below any job-related professional or technical organizations to which you belong.

Describe any specialized training, apprenticeship, skills or extra curricular activities that are relevant to the job for which you are applying.

Have you served in the U.S. Military or Naval Service? Yes _____ No _____

List below related job-skills that you learned while in the U.S. Military or Naval Services.



CONSENT TO COMPANY'S INVESTIGATION OF MY APPLICATION AND VERBAL STATEMENTS

The Company's policy is to fill every position without regard to race, color, religion, creed, sex, sexual orientation, marital status, age, national origin, ancestry, handicap, medical condition, or any other consideration made unlawful by federal, state, or local laws. The Company is an equal opportunity employer and selects employees on the basis of ability, experience, training and character. Please contact a person in management at the Company if you have any questions or complaints about this policy.

I authorize the Company to investigate all of the statements contained in my application and which I verbally convey to the Company during the Company's hiring/investigation process. I authorize the Company to contact my references. I authorize the Company to obtain information about my previous work experience, education and work character/attitude from previous and/or current employers, educational institutions and agencies, and I authorize said entities to provide job-related information to the Company. I voluntarily release the Company and any entity from any liability whatsoever arising from the Company's investigation of the statements contained in my application and/or my verbal statements I made to the Company during the Company's hiring/investigation process.

_____ (Applicant's initials)

AT-WILL EMPLOYMENT POLICY

If the Company employs me, I agree that I must comply with the Company's rules, policies and regulations. I agree and understand that if the Company employs me, I will be an at-will employee, which means that either the Company or I may end the employment relationship with or without cause and with or without advance notice at any time. I understand and agree that if employed, I will not be employed for any definite duration because I will be an at-will employee. I also understand and agree that if employed, the Company has the sole discretion to change my wages, terms, hours and working conditions at any time, with or without good cause, and with or without advance notice. If employed, I understand that there shall be no agreement, express or implied, which restricts the Company from changing the terms and conditions of my employment in its sole discretion at any time, unless said agreement is made formally in writing and executed by an owner of the Company.

If employed, I understand that, other than the owners of the Company, no manager, supervisor, employee, agent or representative of the Company has authority to enter into any oral or written agreement with me for employment for any specific period of time, and/or to make any agreement contrary to my at-will status. If employed, the Company and I agree that there are no express or implied agreements, which are contrary to my at-will status. I fully understand that only the owner may change my at-will status and may only do so in writing.

_____ (Applicant's initials)

I declare under penalty of perjury that I understand that my falsification, misrepresentation or omission of facts stated in this application or verbally to the Company will result in immediate dismissal or removal of my application from consideration.

Dated _____ By _____
Company Representative

Dated _____ By _____
Applicant (signature) (print name)

Please Note:

The Company considers applications for only a 30-day period. If you wish to be considered after 30 days from the date of your application, please re-apply.



TO BE READ AND SIGNED BY APPLICANT

This certified 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. 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 Company.

Applicant's Signature _____ Date _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file) _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

RECORD ON FILE	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal and Traffic Convictions						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____
 TO: _____
 DATE: _____

FROM: _____
 TO: _____
 DATE: _____

REASON FOR TRANSFER _____

REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____



FOR PROSPECTIVE EMPLOYER'S RECORD

MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR
THREE YEARS AFTER THE PERSONS EMPLOYMENT BY THE MOTOR CARRIER CEASES

Mr. Trucker Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations. I have read and understand the foregoing statement and agree to the above disclosure.

Applicant's Signature

Date

Print Name

Social Security Number



REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION TO EMPLOYER AND RELEASE FROM LIABILITY FOR DISCLOSURE OF INFORMATION

I understand that in connection with the application process, Mr. Trucker Inc. may request information from my past employers, education institutions, personal vocational certification or license. I also understand that such investigation may include a review of my credit history and any criminal records. Prior to signing this Policy form, I read Mr. Trucker's Application Background and Employee Investigation Policy, which I fully understand. I have provided complete and truthful information to education, licensure, certification, criminal conviction record, as well as any other information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment or immediate discharge. In order to assist Mr. Trucker in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information more specifically described.

_____ Date

_____ Applicant Signature

REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF EMPLOYMENT INFORMATION

I request, authorize and consent to the release of information to Mr. Trucker Inc. regarding my previous employment and authorize all past employers or agents that they may designate, to respond to verbal or written inquiries from Mr. Trucker Inc. regarding my employment record, including, but not limited to positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability and any incidents of dishonesty, insubordination, violence and/or unsafe, harmful threatening behavior, including information based upon materials in my personnel files.

_____ Date

_____ Applicant Signature

REQUEST, AUTHORIZATION AND CONSENT TO ALCOHOL & CONTROLLED SUBSTANCE TESTING VERIFICATION

I request and authorize my previous and/or current employer (s) to release to Mr. Trucker Inc., in accordance with the provisions of Title 49 of the Code of Federal Regulations (CFR), Part 382, 413, the results (including any refusal) of all drug and alcohol tests taken by me while in their employ. This includes any drug or alcohol test taken for potential employment. I further release and agree to hold harmless, each specifically listed previous or current employer as well as any employee, agent or representative thereof from all liability or damage that may arise from the release of these test results.

Any offer of employment made to me by Mr. Trucker Inc. will be contingent upon my submitting to and passing a pre-employment drug test. A positive controlled substance test result will null and void any offer of employment.

_____ Date

_____ Applicant Signature

REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF EMPLOYMENT INFORMATION

I request, authorize and consent to the release of information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including but not limited to, information concerning whether such license or certification is in good standing and any disciplinary or other proceedings concerning such license or certification.

_____ Date

_____ Applicant Signature

ATTORNEY FEE PROVISION

In the event of any litigation between the parties the prevailing parties shall be entitled to an award of reasonable attorney fees in addition to any other relief awarded by the court.

_____ Date

_____ Applicant Signature

