



# EMPLOYMENT HISTORY PAST 10 YEARS

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ___ / ___ / ___ To:   ___ / ___ / ___  Position: _____ Salary:      _____	Address: _____  City: _____ State: _____ Zip: _____  Reason for Leaving: _____ _____	

Employer:	Contact:	Phone:
Date: From: ___ / ___ / ___ To:   ___ / ___ / ___  Position: _____ Salary:      _____	Address: _____  City: _____ State: _____ Zip: _____  Reason for Leaving: _____ _____	

Employer:	Contact:	Phone:
Date: From: ___ / ___ / ___ To:   ___ / ___ / ___  Position: _____ Salary:      _____	Address: _____  City: _____ State: _____ Zip: _____  Reason for Leaving: _____ _____	

Employer:	Contact:	Phone:
Date: From: ___ / ___ / ___ To:   ___ / ___ / ___  Position: _____ Salary:      _____	Address: _____  City: _____ State: _____ Zip: _____  Reason for Leaving: _____ _____	

Please use this space for comments, additional information, or to explain periods of time between employers.

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# DRIVING QUALIFICATIONS AND EXPERIENCE

## LICENSES HELD:

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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## EQUIPMENT EXPERIENCE:

Equipment Class: (Please Check)	Equipment Type (Van, Flat, Tank, Reefer)	For How Long?	Total Miles (Approx.)
Tractor & Semi-Trailer			
Tractor w/ Two Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years? \_\_\_\_\_

Have you ever had your license revoked or suspended? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Why? (please explain) \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Why? (please explain) \_\_\_\_\_

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

# ACCIDENTS AND VIOLATIONS

## ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Describe: \_\_\_\_\_

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Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Describe: \_\_\_\_\_

## TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

# EDUCATION AND TRAINING

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When?

Have you ever served in the military? \_\_\_\_\_ If so, when and what branch? \_\_\_\_\_

Please list any training you have received that you think will benefit you in the position for which you are applying. \_\_\_\_\_

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Please provide three personal references. These references should not be people related to you nor former supervisors.

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have, not mentioned previously, special accomplishments, or comments you would like us to consider.

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**CAREFULLY READ THE  
FOLLOWING AND SIGN BELOW**

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Do not write below this line - Office use only)

**INTERVIEW NOTES**

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

Interviewer: \_\_\_\_\_

Comments:

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

**APPLICATION RESULTS**

Hired or Rejected? \_\_\_\_\_ Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_

If rejected, Why? \_\_\_\_\_

Date to Start: \_\_\_\_\_ Starting Pay: \_\_\_\_\_

Comments, Complaints, Etc. : \_\_\_\_\_

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

Termination Date: \_\_\_\_\_ Quit or Dismissed? \_\_\_\_\_ Why? \_\_\_\_\_