

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous  
Addresses

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

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 as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
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EMPLOYER			DATE	
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CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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
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)

**EDUCATION**

CIRCLE 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)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?      YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?      YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE IF NONE, WRITE NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
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 MAY HELP IN YOUR WORK FOR THIS COMPANY

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)

**TO BE READ AND SIGNED BY APPLICANT**

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.

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.

Date

Applicant's Signature

**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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR TRANSFER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**Certification:**

Please read carefully, initial each paragraph and sign below:

\_\_\_\_\_ I hereby certify that I have not knowingly withheld or misrepresented any information pertaining to my application for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Downes and Reader Hardwood Co., Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed, or any additional references identified by me or Downes & Reader Hardwood Co., Inc., to provide any relevant information regarding my current and/or previous employment. In addition, I hereby release all person, schools and employers of any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand and agree that, if employed, my employment at Downes & Reader Hardwood Co., Inc. is at will and can be terminated with or without cause and with or without notice at the option of either me or Downes and Reader Hardwood Co., Inc. No manager or representative of Downes & Reader Hardwood Co., Inc, other than Downes & Reader's President and Chief Executive Officer, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to this at-will relationship. Any such agreement must be in writing and signed by the President and me. This express at-will agreement constitutes the entire agreement between me and Downes and Reader Hardwood Co., Inc. with respect to the duration of my employment or the circumstances or conditions under which my employment may be terminated. This at-will agreement supersedes and precludes the existence of any contrary agreements, express or implied.

\_\_\_\_\_ I understand and agree that if hired, upon termination of my employment I will promptly return all property belonging to Downes & Reader Hardwood Co., Inc. including but not limited to keys, computer equipment and credit cards.

**NOTICE TO APPLICANTS IN MASSACHUSETTS:**

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

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Signature

Date



EEO Employer

Revised 11/5/2010

This application is current for 60 days.