

APPLICATION FOR EMPLOYMENT SURFACE DISTRIBUTION LLC

Applicant Name _____ **Date:** _____

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

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 had 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. 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 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:** _____

Position Applied for _____

NAME _____ **SSN#** _____
Last First Middle

CURRENT ADDRESS _____
Street City State Zip
Phone Other How Long?

Do you have the legal right to work in the United States? _____ **DOB** _____
Y/N

Can you provide proof of age? _____ **Are you employed now?** _____
Y/N Y/N

Have you worked for this company before? _____ **Where?** _____
Y/N

Reason for leaving _____ **Rate of Pay** _____

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Have you ever been bonded? _____ Name of Company _____
Y/N

Have you ever been convicted of a felony? _____
Y/N

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the function of the job which you have applied {as described on the attached job description}?

 if yes, explain if you wish.

EMPLOYEMNT 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.

▶ LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT ◀

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	SALARY/WAGE
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON PHONE		WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? 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 49CFR PART 40? YES -- NO			

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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 MATERIAL ON A QUANTITY REQUIRING PLACARDING THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRS) APPLY TO ANYONE OPERATING A MOTOR VEHICLE ON A HIGHWAY ON INTERSTATE COMMERCE TO TRANSPORT PASSENGERS OR PROPERTY WHEN THE VEHICLE:(1) WEIGHS OR HAS A GVWR OF 10,001 POUNDS OR MORE, (2) IS DESIGNED OR USED TO TRANSPORT 9 OR MORE PASSENGERS, OR (3) IS OF ANY SIZE AND IS USED TO TRANSPORT HAZARDOUS MATERIALS IN A QTY REQ PLACARDING.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE-- IF NONE WRITE NONE

DATE	NATUR OF ACCIDENT	FATALITIES	INJURIES	HAZ SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIO) IF NONE- NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS-DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NO	TYPE	EXP DATE

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

IF THE ANSWER TO EITHER ONE IS YES, GIVE DETAILS _____

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THE WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM _____

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DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	MILES
STRAIGHT TRUCK	YES-----NO VAN,TANK,FLAT,DUMP,REFER	_____	_____
TRACTOR AND SEMI-TRAILER	YES-----NO VAN,TANK,FLAT,DUMP,REFER	_____	_____
TRACTOR-TWO TRAILERS	YES-----NO VAN,TANK,FLAT,DUMP,REFER	_____	_____
TRACTOR-THREE TRAILERS	YES-----NO VAN,TANK,FLAT,DUMP,REFER	_____	_____
MOTORCOACH-SCHOOL BUS 8+	YES-----NO VAN,TANK,FLAT,DUMP,REFER	_____	_____
MOTORCOACH-SCHOOL BUS 15+	YES-----NO VAN,TANK,FLAT,DUMP,REFER	_____	_____
OTHER			

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 LISTED

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

ST

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.

► **SIGNATURE**

DATE
