



Driver's Application for Employment

Select the location(s) you wish to apply.

Ava Thayer Mtn Home West Plains

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 _____

Full Name _____ Social Security No. _____

E-mail _____

List your addresses of residency for the past 3 years.

Current Address _____

Street _____ City _____
Phone _____ How Long? _____

State _____ Zip Code _____

Previous Addresses _____ How Long? _____

Street _____ City _____ State and Zip Code _____

How Long? _____

Street _____ City _____ State and Zip Code _____

How Long? _____

Street _____ City _____ State and Zip Code _____

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? _____

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.

Applicants to drive a commercial motor vehicle (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) 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 if necessary.)

| Employer | | | Date | |
|----------------|------------|-----|--------------------|----|
| Name | From Mo | Yr | To Mo | Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | Ph.# | | Reason for leaving | |
| Employer | | | Date | |
| Name | From Mo | Yr | To Mo | Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | Ph.# | | Reason for leaving | |
| Employer | | | Date | |
| Name | From Mo | Yr | To Mo | Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | Ph.# | | Reason for leaving | |
| Employer | | | Date | |
| Name | From Mo | Yr | To Mo | Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | Ph.# | | Reason for leaving | |
| Employer | | | Date | |
| Name | From Mo | Yr | To Mo | Yr |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | Ph.# | | Reason for leaving | |

Accident record for past 3 years or more (attach sheet if more space is needed)

| 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)

| 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 Qualification – 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

| 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 | | | | |
| 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

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other person, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application I use for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by a local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with disability because of that person's need or a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the fore going and seed employment under these conditions.

Signature of Applicant _____ Date _____

Process Record

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Departed _____ 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 |
|----------------------------------|----------|------|------|---------------|------|------------------------|
| Application | | | | | | |
| Interview | | | | | | |
| Past Employment | | | | | | |
| Written Exam | | | | | | |
| Road Test | | | | | | |
| Criminal and Traffic Convictions | | | | | | |

Signature of Interviewing Officer _____

Transfers

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer _____ Reason for Transfer _____

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer _____ Reason for Transfer _____

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report placed in file _____ Supervisor _____