

803-772-1291

Southern Delivery  
PO BOX 1179  
Irmo, SC 29063

## COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

(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.

List your addresses of residency for the past 3 years.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

Current Address

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

( ) - \_\_\_\_\_ How Long? \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Previous  
Addresses

Street \_\_\_\_\_ City \_\_\_\_\_ State / Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_

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? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Can you produce proof of age? \_\_\_\_\_

(Required for commercial motor vehicle drivers.)

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

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

Reason for Leaving \_\_\_\_\_

Currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Were you referred? \_\_\_\_\_ By whom? \_\_\_\_\_ 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 job description)?

If yes, explain if you wish.

### EXPERIENCE AND QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work for this company.

Any special equipment or technical materials you can work with (other than those already shown)

### 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)

(ADDRESS)

LIST ANY SPECIAL COURSES, CLASSES OR  
PROGRAMS THAT WILL HELP YOU AS A DRIVER

### 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. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER  
SAFETY REGULATIONS? YES \_\_\_\_ NO \_\_\_\_  
C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES \_\_\_\_ NO \_\_\_\_

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

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI				
TRACTOR 2 TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

## EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL 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 IF NECESSARY.)

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

\* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.

### 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 and are 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

**TO BE COMPLETED BY PERSONNEL DEPARTMENT**

Applicant Hired	Yes	No	(circle one)	If yes, date of hire
Terminal location:				Classification:
Supervisor:				
<b>IF APPLICANT IS NOT HIRED, REPORT REVIEW SHOULD BE PLACED IN FILE</b>				

**TO BE COMPLETED BY RESPONSIBLE COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
LAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL RECORD AND TRAFFIC CONVICTIONS						
PHYSICAL EXAM (DRIVER APPLICANTS)						

SIGNATURE OF INTERVIEWING REPRESENTATIVE: \_\_\_\_\_

**TRANSFERS**

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 _____

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

	DATES	FATALITIES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

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.)