**DRIVERS**

**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.

Date of Application­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Zip

How long have you been at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_

If less than 3 years please provide previous address-

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

Street City State Zip

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

Date of Birth \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_\_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_\_\_\_\_\_\_\_ If so When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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 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 stating with the most recent. Add another sheet if necessary).

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| Name | From To  Mo. Yr. Mo. Yr. |
| Address | Position Held |
| City State Zip | Salary/Wage |
| Contact Person Phone Number | Reason for Leaving |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| Name | From To  Mo. Yr. Mo. Yr. |
| Address | Position Held |
| City State Zip | Salary/Wage |
| Contact Person Phone Number | Reason for Leaving |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
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|  |  |
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|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| Name | From To  Mo. Yr. Mo. Yr. |
| Address | Position Held |
| City State Zip | Salary/Wage |
| Contact Person Phone Number | Reason for Leaving |

**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 on this application-

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

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

List special equipment or technical materials you can work with-

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

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

**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 inquires 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 Applicants Signature

**EDUCATION**

Circle highest grade completed-

Elementary: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCIDENT HISTORY**

Record for the past 3 years or more (Attach sheet if more space is needed).

|  |  |  |  |
| --- | --- | --- | --- |
| DATES | NATURE OF ACCIDENT | FATALITIES | INJURIES |
| Past Accident |  |  |  |
| Next Previous |  |  |  |
| Next Previous |  |  |  |

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations).

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | DATE | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EXPERIENCE AND QUALIFICATIONS- DRIVER**

|  |
| --- |
| DRIVERS  LICENSES |

|  |  |  |  |
| --- | --- | --- | --- |
| STATE | LICENCE NO. | TYPE | EXPIRATION DATE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_
2. Has any license, permit or privilege ever been suspended or revoked?

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

If the answer to either A or B is yes, attach a statement giving details.

**DRIVING EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT | DATES  FROM TO | | APPROX. NO. OF MILES |
| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

IMPORTANTE NOTICE: Gileno Distribution Services is an equal opportunity employer and will not discriminate against any employee or applicant for employment in an unlawful manner. The information sought on this form is given voluntarily and may be used for filing reports required by state or federal governments. Gileno Distribution Services requires all individuals who are offered employment to submit to a drug and alcohol screening program, which may include blood and/or urine samples. Employment is conditional on the successful completion of the screening program. The results of such screening will not be disclosed to anyone other than decision makers for Gileno Distribution Services and may be the basis for disqualifying any candidate for employment, the applicant authorizes Gileno Distribution Services to conduct such screening for drug and/or alcohol use, and agrees to hold Gileno Distribution Services harmless for any claims resulting from such screening.

I hereby certify that I have been informed of the duties of the position for which I am applying and that the information in the application is correct and complete, to the best of my knowledge. I understand that falsification or omission of any material information in this application may be considered sufficient cause for immediate termination. I understand that Gileno Distribution Services checks information given on employment applications, and I authorize them to do so. I also authorize Gileno Distribution Services to make whatever inquires it considers appropriate concerning this information, including check of my credit standing , and I authorize those people listed as references to furnish any information concerning my application, character and work that may be requested pursuant to this application. I release Gileno Distribution Services and any person, company or institution that provides Gileno Distribution Services information from any and all liability for any damage that may result from the investigation or the use or disclosure of such information.

I understand that if I am employed by Gileno Distribution Services, I may be required, as a condition of employment, to submit to periodic drug testing at the discretion of the management of Gileno Distribution Services.

Gileno Distribution Services is an “at will” employer. Therefore, employment with Gileno Distribution Services is at the will of either party and may be terminated by either party at any time, for any reason. By signing this application, I agree that if I am employed by Gileno Distribution Services, it is not for any specific length of time, and that compensation will be set by Gileno Distribution Services. No assurance of continued employment whether written, oral or by conduct, shall be interpreted as changing the “at will” nature of my employment relationship with Gileno Distribution Services, unless specifically acknowledged in writing by the chief executive officer of Gileno Distribution Services.

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

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/Manager Signature Date