

Driver Application

Company Name John Schmidt & Sons
Street Address 12903 East Silver Lake Road
City, State, Zip Mount Hope, KS 67108

Name _____ Phone _____
(First) (Middle) (Last)

++ List addresses for previous 3 years beginning with most current

Current Address _____
(Street) (City) (State) (Zip)

Previous Address _____
(Street) (City) (State) (Zip)

Previous Address _____
(Street) (City) (State) (Zip)

Position Applying For _____ Temp _____ Full _____ Part _____

EDUCATION

List highest grade completed: G.S. _____ H.S. _____ College _____

Last school attended _____
(Name) (Address)

GENERAL

Have you ever been bonded? _____ (Answer only if a job requirement)

Name of Bonding Co. _____

Have you ever been convicted of a felony? _____ If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment.

DRIVER EXPERIENCE & QUALIFICATION				
Answer the questions in this section only if applying for driver position				
Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth §391.21(b)(2)				
Social Security No. _____				
Licenses Answer the questions in this section only if applying for driver position				
Driver	State	License No.	Type	Expiration Date
Licenses held				
in past 3				
years must				
be shown				
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 _____				
C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____				
If you answered "yes" to A, B, C, attach a statement giving details				
Driving Experience				
Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From To		Approximate Total Miles
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				



List states operated in during last five years _____			
List special courses or training that will help you as a driver _____			
List safe driving awards held and who awards were presented by? _____			
Accident Review for past 3 years (Attach separate sheet of paper 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
EMPLOYMENT RECORD			
<p>The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21 (b)(10),(11)</p> <p>Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)</p>			
Current Employer _____		Supervisor's Name _____	
Address _____		Phone () _____	
Position Held _____	From _____	To _____	Salary _____
	(month/year)	(month/year)	
Reason for leaving _____			
Current Employer _____		Supervisor's Name _____	
Address _____		Phone () _____	
Position Held _____	From _____	To _____	Salary _____
	(month/year)	(month/year)	
Reason for leaving _____			
Current Employer _____		Supervisor's Name _____	
Address _____		Phone () _____	
Position Held _____	From _____	To _____	Salary _____
	(month/year)	(month/year)	
Reason for leaving _____			

APPLICANT MUST READ & SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Laws 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Date

Applicant's Signature



Past Employer Inquiry

PROSPECTIVE EMPLOYER

Company John Schmidt & Sons
Name Leroy D. Schmidt
Street 12903 East Silver Lake Road
City Mount Hope State KS Zip 67108

PREVIOUS EMPLOYER

Company _____
Name _____
Street _____
City _____ State _____ Zip _____

Personnel Director: Your business has been named as a previous employer of the applicant listed below. Our business would appreciate you taking the time to answer the questions below. You have been released from any liability by the applicant's signature.

Name of applicant: _____
Social Security No. _____
Job applied for: _____

1. This applicant lists dates of employment with your firm from: _____ to: _____.
Is this correct? ☐ Yes ☐ No
If no, please explain: _____
2. What kind(s) of work did he or she do? ☐ Driver (type of vehicle _____)
☐ Dock ☐ Office ☐ Shop ☐ Other (Specify) _____
3. If employed as a driver, please indicate type of equipment driven. ☐ Tractor trailer ☐ Straight truck
☐ Twin - Trailers ☐ Bus ☐ Other (Specify) _____
4. Number of reportable accidents _____; number of accidents in which applicant was ticketed _____; Date of each accident _____
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? ___ If so, please explain: _____
6. (Respond only if checked*) [] Was this person bonded while with your company? ___ If so, were there any circumstances that were reported to the bonding company? _____
* Prospective employer - check this question only if bonding is required for this position.
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
8. Are you aware of any physical or mental limitations that could impair this individual's performance of the particular job applied for? _____ If so, please explain: _____
9. Did the applicant pose either repeated and/or severe disciplinary problems? ☐ Yes ☐ No. If so, please explain: _____
10. Why did this employee leave your company? ☐ Resigned ☐ Discharged ☐ Laid off.
11. Would you re-employ this person? ☐ Yes ☐ No Please explain: _____
12. Remarks: _____

Signature of person completing form _____ Date _____

By signing below, I, the applicant, authorize any previous employers to release information concerning any aspects of my employment, either through written or oral assessment, to each and every company requesting such information for employment with company. I also release you from any and all liability of any type in connection with providing this information.

Former Employer _____ Date _____
Applicant's Signature _____
Inquirer's Signature _____

