

EMPLOYMENT APPLICATION FOR COMMERCIAL DRIVERS

Company Name: GO BOX

Street Address: 100 Rosecrest Dr

City / St / Zip: Columbus, MS 39701

PLEASE PRINT OR TYPE

DATE OF APPLICATION		FULL NAME OF APPLICANT				DATE OF BIRTH	
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER		ISSUING STATE		EXPIRATION DATE	
CURRENT STREET ADDRESS, P.O. BOX #, or RURAL ROUTE			CITY		STATE	ZIP	
PREVIOUS STREET ADDRESS, P.O. BOX #, or RURAL ROUTE			CITY		STATE	ZIP	
HOME PHONE		OTHER PHONE		WORK PHONE			
WHAT POSITION YOUR ARE APPLYING FOR			RATE OF PAY EXPECTED	FULL TIME	PART TIME	TEMPORARY	
WHERE ARE YOU CURRENTLY EMPLOYED		YOUR REASON FOR LEAVING		WHEN CAN YOU START WORK			
HAVE WORKED HERE BEFORE	WHEN	WHAT POSITION	WHY DID YOU LEAVE				
WHO REFERRED YOU		NAME OF ANY RELATIVES CURRENTLY EMPLOYED HERE			WHAT IS THEIR JOB TITLE		
CIRCLE THE HIGHEST EDUCATIONAL GRADE YOU COMPLETED			IF COLLEGE WHERE		WHAT LEVEL OR DEGREE		
1 2 3 4 5 6 7 8 9 10 12 or GED							
LIST TECHNICAL OR VOCATIONAL SCHOOL ATTENDED		FOR WHAT FIELD OR VOCATION		WHAT LEVEL OR DEGREE			
IF MILITARY SERVICE WHAT BRANCH		HIGHEST RANK ATTAINED	JOB CLASSIFICATION		TYPE OF DISCHARGE		
ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVES			YOUR CURRENT RANK		JOB CLASSIFICATION		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? WHAT FOR?			WHEN	WHAT STATE(S)			

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER.
 THIS APPLICATION MEETS THE REQUIREMENTS OF THE DEPARTMENT OF TRANSPORTATION
 THE DEPARTMENT OF LABOR, THE CIVIL LIBERTIES UNION AND THE AMERICANS WITH DISABILITIES ACT.**

APPLICANT / EMPLOYEE RELEASE AND DISCLOSURE STATEMENT

I certify that I have completed and understand this employment application and additional employee information. I understand that the company or their agents will conduct an investigation into my background to ascertain any information pertaining to my possible employment. This may include, but is not limited to, my previous employment history, safety performance history, criminal records, character and reputation, educational background, worker's compensation records, mode of living or any other personal information needed for the employer to determine if I am a suitable candidate for the position for which I am applying. I understand that these investigations will be conducted under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681 and within the guidelines of the 1996 Americans with Disabilities Act. I now release the employer and their agents and any persons named in this application from any and all liability and for any damages that may occur due to these investigations.

I understand that if offered a job by the employer that the offer is conditional based on the results of these investigations and the results of drug testing and a physical examination. I have been informed that if hired for the position I am applying for, I will be on probation for a period of not less than 90 days. If I am terminated or choose to end my employment during this probation period the cost of any investigations, drug test, examinations, or training may be deducted from my final paycheck.

If hired, I agree to abide by the policies, rules, and regulations of the employer and State, Federal, or Local regulations that apply to my duties. I also understand that any misrepresentation or omission of facts in this application or my employee file may result in my rejection or termination.

I agree to be tested for the illegal use of controlled substances as part of the pre-employment requirements. I also agree to be tested for drug or alcohol use for reasons including, random screening, post accident, probable cause, or return to duty at any time during my employment with this company. I also understand that my person or my belongings may be searched at anytime while I am on duty or on company property. I understand that refusal to submit to any screening or searches will result in my rejection for employment or immediate termination while employed by this company.

I certify that I have read this release and disclosure statement and that my employment application and all information given is true and accurate to the best of my knowledge.

PRINT YOUR NAME

X _____
SIGN YOUR NAME

YOUR SOC. SEC. #

C.D.L. # AND EXPIRATION DATE

***** FOR OFFICE USE ONLY *****

Date Hired		Credit Check		Orientation Date	
P-E Drug Test		Criminal Check		Job Training	
MVR Record Check		Previous Employers		Hazmat Training	
Physical Exam Date		Workers Comp Check		Abuse Training	

Disqualified for: _____

Supervisors Signature: _____

DRIVER QUALIFICATION AND EXPERIENCE

LIST ALL DRIVERS LICENSES HELD IN THE LAST 3 YEARS

ISSUING STATE	LICENSE NUMBER	CLASS & TYPE	EXPIRATION DATE

LIST ALL ACCIDENTS IN COMMERCIAL VEHICLES IN THE LAST 5 YEARS

DATE	TYPE OF ACCIDENT	INJURIES / FATALITIES	CITY / STATE	CITATION ISSUED

LIST ALL MOVING VIOLATIONS RECEIVED IN THE LAST 5 YEARS

DATE	CITY / STATE	TYPE OF VIOLATION	COMMERCIAL / PERSONAL	PENALTY

LIST ALL TYPES OF COMMERCIAL VEHICLES YOU HAVE OPERATED

TRUCK TYPE	BODY TYPE	TRAILER TYPE	ESTIMATED MILEAGE	DATE

ANSWERING YES TO THESE QUESTIONS REQUIRES A STATEMENT ON A SEPARATE PAGE

1. Has your drivers license or privilege to drive ever been suspended or revoked? YES NO
2. Have you ever been denied a driver's license or permit? YES NO What states? _____
3. Have you ever been disqualified for violating Federal Motor Carrier Safety Regulations? YES NO

PREVIOUS EMPLOYMENT HISTORY

FMCSA requires all commercial drivers with A or B CDL to list employment history for the past 10 years. 3 years for all others. Start with your most recent employment and work back. Show time spent in the US Armed Forces.

COMPANY #1				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TITLE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

COMPANY #2				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TITLE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

COMPANY #3				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TITLE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

COMPANY #4				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TITLE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

COMPANY #5				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TITLE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CERTIFICATE OF COMPLIANCE AND DRIVER NOTIFICATION

A. The Commercial Motor Vehicle Act of 1986 places stronger regulatory controls over drivers, vehicles, and motor carriers. These regulations apply to all drivers operating vehicles with a GVWR of 26,000 lbs or more and to any vehicle of any size that is transporting a hazardous material in quantities large enough to require placarding. The following provisions became effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver that has more than one license.
2. A driver convicted of any traffic violation other than parking, in any type of vehicle must make notification of the conviction to his/her motor carrier, and the state where his/her license was issued within 30 days.
3. All persons applying for commercial driving positions must inform the prospective employer of all previous employment as a commercial driver for the past 3 years, plus 7 additional years for hazardous materials drivers, in addition to any other type of information required about the applicants history.
4. Any driver who loses the privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise their motor carrier by the next business day.

PENALTIES : Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of either #1 or #4 above, or failure to notify the carrier with 30 days of the loss of driving privileges may result in a fine not to exceed \$5,000. and / or 90 days in jail.

B. Driver Certification : I do certify that I have read and understand the provisions of the Commercial Motor Vehicle Safety Act of 1986 as listed above. As of this date, I possess only one drivers licenses issued, in my name, from any state or country.

Print Driver Name _____ Soc. Sec. # _____

Driver's Address _____

License Number: _____ Type/Class _____ State _____

Driver's Signature X _____ Date _____

Name of Motor Carrier _____

Witness _____

HOURS OF SERVICE INFORMATION FOR NEW HIRES

Name _____ Soc. Sec. # _____
 C.D.L. Number _____ Type and class _____
 Expiration Date _____ Issuing State _____

Complete the following hours of service for the 7 days period prior to starting work for this company.

DAY	1	2	3	4	5	6	7	TOTAL HOURS
DAY & MONTH								
HOURS ON DUTY								

I was last relieved from duty by my previous employer on: (Date) _____ (Time) _____

 Name Of Your Last Employer

 Name Of Your Last Supervisor

I attest that the information I have given above is true and correct to the best of my knowledge:

(Signature) X _____

(Date) _____

CHECK LIST FOR CASUAL, OCCASIONAL, OR INTERMITTENT DRIVERS

Prior to a casual, intermittent, or occasional driver you must ensure that the following requirements are met and that these forms are placed in his/her driver qualification file as per 391.63 in the Federal Motor Carrier Safety Regulations.

A. D.O.T. Physical Examination:

The original or copy of the medical examiner's certificate showing that the driver is physically qualified to operate a commercial vehicle.

Date _____

B. Substance Abuse Testing:

The original or copy of the last drug and/or alcohol test certifying the results were negative. Also a copy of the motor carrier's random testing program.

Date _____

Supervisors Signature _____

Date _____