

# Driver's Application for Employment

## ***Easy-Haul Inc.***

8100 Falcon Blvd  
Fairhope, AL 36532  
Phone: 251-929-2133  
Fax: 251-929-3211

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

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

Date of Application: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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.

### **To Be Read and Signed by the Applicant**

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 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 Easy-Haul Inc.

I understand that information I provide regarding my current and/or previous employer(s) may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employer(s) and for those previous employer(s) to re-send the corrected information to the prospective employer; and
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Easy-Haul Inter-Company Use**

|                     |                |
|---------------------|----------------|
| Applicant Hired:    | Date Employed: |
| Applicant Rejected: | Position:      |
| District:           | Market:        |
| Signature:          |                |

### **Termination of Employment**

|                  |                |
|------------------|----------------|
| Date Terminated: | Date Archived: |
| Terminated by:   | Archived By:   |

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List your addresses of residency for the last 3 years.

|                 | Street | City | State/Zip    | How Long? |
|-----------------|--------|------|--------------|-----------|
| Current Address |        |      |              |           |
|                 | Home # |      | Cell/Pager # |           |

|                  | Street | City | State/Zip | How Long? |
|------------------|--------|------|-----------|-----------|
| Previous Address |        |      |           |           |
| Previous Address |        |      |           |           |
| Previous Address |        |      |           |           |

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

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
 (Required for CMV 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? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been convicted of a DUI (driving under the influence)? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever failed or refused to submit to a drug and/or alcohol test? \_\_\_\_\_ When? \_\_\_\_\_

If yes to any of the three questions above, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.

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: \_\_\_\_\_

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## Employment History

All driver applicants applying to drive a Non-CDL vehicle (10,001 lbs. – 26,000 lbs.) in interstate commerce (outside of the State you report) must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants applying to drive a commercial motor vehicle (CDL 26,001 lbs. or greater)\* in interstate commerce shall also provide an additional 7 years information on those employers whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.) \* 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 material in quantity requiring placarding.

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| Employer   |        |          | Date                |    |  |
|--|--------|----------|---------------------|----|--|
| Name:  |        |          |                     | to |  |
| Address:   |        |          | Position:           |    |  |
| City:  | State: | Zip:     | Salary/Wage:        |    |  |
| Contact Person:  |        | Phone #: | Reason for leaving: |    |  |
| Were you subject to the FMCSRs while employed?   |        |          | Yes                 | No |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? |        |          | Yes                 | No |  |

| Employer   |        |          | Date                |    |  |
|--|--------|----------|---------------------|----|--|
| Name:  |        |          |                     | to |  |
| Address:   |        |          | Position:           |    |  |
| City:  | State: | Zip:     | Salary/Wage:        |    |  |
| Contact Person:  |        | Phone #: | Reason for leaving: |    |  |
| Were you subject to the FMCSRs while employed ?  |        |          | Yes                 | No |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? |        |          | Yes                 | No |  |

| Employer   |        |          | Date                |    |  |
|--|--------|----------|---------------------|----|--|
| Name:  |        |          |                     | to |  |
| Address:   |        |          | Position:           |    |  |
| City:  | State: | Zip:     | Salary/Wage:        |    |  |
| Contact Person:  |        | Phone #: | Reason for leaving: |    |  |
| Were you subject to the FMCSRs while employed?   |        |          | Yes                 | No |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? |        |          | Yes                 | No |  |

| Employer   |        |          | Date                |    |  |
|--|--------|----------|---------------------|----|--|
| Name:  |        |          |                     | to |  |
| Address:   |        |          | Position:           |    |  |
| City:  | State: | Zip:     | Salary/Wage:        |    |  |
| Contact Person:  |        | Phone #: | Reason for leaving: |    |  |
| Were you subject to the FMCSRs while employed ?  |        |          | Yes                 | No |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? |        |          | Yes                 | No |  |

| Employer   |        |          | Date                |    |  |
|--|--------|----------|---------------------|----|--|
| Name:  |        |          |                     | to |  |
| Address:   |        |          | Position:           |    |  |
| City:  | State: | Zip:     | Salary/Wage:        |    |  |
| Contact Person:  |        | Phone #: | Reason for leaving: |    |  |
| Were you subject to the FMCSRs while employed ?  |        |          | Yes                 | No |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? |        |          | Yes                 | No |  |

# Driver's Application for Employment

|  |        |          |                     |    |
|--|--------|----------|---------------------|----|
| <b>Employer</b>  |        |          | <b>Date</b>         |    |
| Name:  |        |          |                     | to |
| Address:   |        |          | Position:           |    |
| City:  | State: | Zip:     | Salary/Wage:        |    |
| Contact Person:  |        | Phone #: | Reason for leaving: |    |
| Were you subject to the FMCSRs while employed ?  |        |          | Yes                 | No |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? |        |          | Yes                 | No |

Accident record for the past 3 years or more (Attach sheet if more space is needed) if none, write none.

| Dates         | Nature of Accident<br>(Head-on, rear-end, roll-over, etc.) | Fatalities | Injuries | Haz-Mat Spill |
|---------------|--|------------|----------|---------------|
| Last Accident |  |            |          |               |
| Next Previous |  |            |          |               |
| Next Previous |  |            |          |               |

Traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write none.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(Attach additional sheet if necessary)

## Experience and Qualifications – Driver

List all driver license or permits held in the past 3 years.

|                        | State | License # | Type | Exp. Date |
|------------------------|-------|-----------|------|-----------|
| <b>Driver Licenses</b> |       |           |      |           |
|                        |       |           |      |           |
|                        |       |           |      |           |
|                        |       |           |      |           |

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 question 1 or 2 above is "Yes", please explain:

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## Driving Experience

| Class of Equipment     |     |    | Circle Type of Equipment<br>(Circle all that apply)                              | Dates      |          | Approx # of Miles<br>(Total) |
|------------------------|-----|----|--|------------|----------|------------------------------|
|                        |     |    |  | From (M/Y) | To (M/Y) |                              |
| Straight Truck         | Yes | No | Rear-loader, Roll-off, Front-loader,<br>Tank, Dump, Box, Flat, Reefer,<br>Other: |            |          |                              |
| Straight Truck         | Yes | No | Rear-loader, Roll-off, Front-loader,<br>Tank, Dump, Box, Flat, Reefer,<br>Other: |            |          |                              |
| Tractor & Semi-Trailer | Yes | No | Roll-off, Tank, Dump, Box,<br>Flat, Reefer,<br>Other:                            |            |          |                              |
| Other:                 |     |    | Type:  |            |          |                              |

List States operated in for last 5 years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

Do you hold any safe driving awards? If so, from whom? \_\_\_\_\_

### Experience and Qualifications – Other

List any trucking or special experience that may help in your employ with this company: \_\_\_\_\_

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List any other training you have taken not already listed: \_\_\_\_\_

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List any special equipment you have operated (other than those listed above): \_\_\_\_\_

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### Education

Circle highest grade complete: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### To Be Read and Signed by the 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(\*Can be printed, typed, or written, by someone else, along as the applicant understands that he/she is responsible for the information contained therein).