



TRUCK DRIVER -APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Cell		Date of Birth	
Can you provide proof of age	YES <input type="checkbox"/> NO <input type="checkbox"/>	Salary Expectations	Do you have a CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>
State & CDL #		Class	Expiration Date
Endorsements			
Do you have a current Medical Card?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Expiration Date
Restrictions/Exemptions			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Reason for leaving			
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
Have you ever tested positive for Drugs or Alcohol?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
Is there any reason you might be unable to perform the functions of the job for which you are applying?			

DRIVING EXPERIENCE	
How many years driving experience do you have?	Approximately how many miles?
Do you have tanker experience? YES <input type="checkbox"/> NO <input type="checkbox"/>	How many years?
List states operated in for the last five years	
Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain	
Has any license, permit or privilege ever been suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain	
List any special courses or training that may help you as a driver:	
List any awards or recognition related to your driving career:	
Additional Qualifications:	

VIOLATIONS

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations) If none, write "NONE"

DATE	LOCATION	CHARGE	PENALTY

ACCIDENT RECORD

Accident Record for the past 3 years or more. If none, write "NONE" (list most recent accident first)

DATE	ACCIDENT DETAILS	FATALITIES	INJURIES	HAZARDOUS SPILL

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT

All driver applicants to drive a commercial motor vehicle in Interstate or Intrastate Commerce must provide the following information on **all** employers for the past ten years. List name and phone number, complete mailing address, street number, city, state, and zip code—beginning with the most recent.*

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you subject to the FMCSR's° while employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements put forth by the Federal Motor Carrier Division? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you subject to the FMCSR's° while employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements put forth by the Federal Motor Carrier Division? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you subject to the FMCSR's° while employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements put forth by the Federal Motor Carrier Division? YES <input type="checkbox"/> NO <input type="checkbox"/>			

If more space is needed to include the past 10 years of employment, please include the information on a separate page

*Includes vehicles having a GVWR of 26,001 lb or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
 °The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lb or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

MILITARY SERVICE		
Branch	From	To
Describe training relevant to job		

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I authorize the employer to contact and obtain information about me from previous employers and references. I authorize the employer 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.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview will be sufficient cause for immediate termination.</p> <p>I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by law. I understand that I have the right to:</p> <ul style="list-style-type: none"> • Review information provided by previous employers • Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer • 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 <p>In conjunction with my potential employment at Agro Culture Liquid Fertilizer I consent to the release of my MVR to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to my position.</p> <p>This consent is given in satisfaction of Public Law 18 USC 2721 et.Seq., and is intended to constitute "written consent" as required by this Act.</p> <p>All employment offers are contingent upon the applicant submitting to and passing a drug test screen.</p> <p>I fully understand and accept all terms and conditions in the above statement</p>	
Signature	Date