



# Express Managed Services

11481 W 925 S  
Poseyville IN 47633

## Driver's Application for Employment

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

In compliance with the 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, veteran status, non-job-related disability, or any other protected group status.

#### TO BE READ AND SIGNED BY 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 the Company.

I understand that information I provide regarding current and/or previous employers 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:

- 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; and
- 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: \_\_\_\_\_

#### FOR COMPANY USE

##### PROCESS RECORD

Applicant		
Hired:	_____	Rejected: _____
Date		Point
Employed:	_____	Employed: _____
Department:	_____	Classification: _____

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

#### APPLICANT TO COMPLETE

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
City State ZIP Code

List your addresses of residency for the past 3 years.

Past Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Past Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Can you work any Shift? YES NO Preferred Shift \_\_\_\_\_

Can you work overtime, including weekends? YES NO

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES NO \_\_\_\_\_

Are you at least 18 years of age? YES NO In not, how old? \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been bonded? YES NO Name of bonding company: \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

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

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment History**

All driver applicants to drive in Interstate commerce 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 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 starting with the most recent. Add another sheet as necessary.)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? YES  NO

Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? YES NO

Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Were you subject to the FMCSRs while employed? YES NO

Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? YES NO

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Accident Record**

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

	DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL 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

**Experience and Qualifications – Driver**

(Attach sheet is more space is needed)

**DRIVER LICENSES HELD OR PERMITS IN THE LAST THREE YEARS**

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. Was your job designated as safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If the answer to A or B is yes, give details:

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**DRIVING EXPERIENCE (CHECK YES OR NO)**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT		VAN / TANK / FLAT / DUMP / REFER	DATES FROM TO		APPROXIMATE # OF MILES TOTAL
	YES	NO				
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>				
Tractor & Semi-Trailer	<input type="checkbox"/>	<input type="checkbox"/>				
Tractor – Two Trailers	<input type="checkbox"/>	<input type="checkbox"/>				
Tractor – Three Trailers	<input type="checkbox"/>	<input type="checkbox"/>				
Motorcoach – School Bus (More than 8 Passengers)	<input type="checkbox"/>	<input type="checkbox"/>				
Motorcoach – School Bus (More than 15 Passengers)	<input type="checkbox"/>	<input type="checkbox"/>				

List states Operated in for the 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?

**EXPERIENCE AND QUALIFICATIONS – OTHER**

Show any trucking, transportation, or other experience that may help you in your work for this company
List any courses and training other than shown elsewhere in this application
List special equipment or technical materials you can work with (other than already shown)

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*This certifies the application was completed by me and I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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