

# Driver's Application for Employment



8100 Falcon Blvd  
 Fairhope, AL 36532  
 Phone: 251-929-3200  
 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 Easy-Haul Intermodal Inc. 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 Intermodal 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 Intermodal - 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	

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