



## Commercial Driver's Application for Employment

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

**Name:** \_\_\_\_\_  
 Last Name First Name Middle Name Jr, Sr, Etc.

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**\*Current Address:** \_\_\_\_\_  
 Street City State Zip

**\*If above residence is less than three years, list below all residences for the past three years.**

If needed please use an additional sheet.

Street City State Zip

Street City State Zip

Position applying for: _____	Full Time	Part Time	Temporary
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Who Referred You: \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_

Have you ever worked for this company before: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position Previously Held: \_\_\_\_\_ Rate of pay \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

**Employment History** (list all periods of employment for the past five years starting with your current status. Include dates when unemployed, leaving no gaps.

From (MM/YYYY)	To (MM/YYYY)	Employers Name & Address below:
Supervisors Name:		Occupation:
Reason for leaving:		
From (MM/YYYY)	To (MM/YYYY)	Employers Name & Address below:
Supervisors Name:		Occupation:
Reason for leaving:		
From (MM/YYYY)	To (MM/YYYY)	Employers Name & Address below:
Supervisors Name:		Occupation:
Reason for leaving:		
From (MM/YYYY)	To (MM/YYYY)	Employers Name & Address below:
Supervisors Name:		Occupation:
Reason for leaving:		

**Education**

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

Last school attended: \_\_\_\_\_

**Military Experience**

Have you ever served in the Armed Forces? \_\_\_\_ Yes \_\_\_\_ No

If yes, which branch of service? \_\_\_\_\_

Are you currently serving in the Military Reserves? \_\_\_\_ Yes \_\_\_\_ No

Are you currently serving in the National Guard? \_\_\_\_ Yes \_\_\_\_ No

**Certifications:**

In the past 5 years have you ever been convicted of any Traffic Violations (Other than Parking) or currently have charges pending? If yes, complete information below. If necessary attach additional sheets.

From (MM/YYYY)	To (MM/YYYY)	Place (City and State)	Court	Charge	Action Taken

Review this form carefully to ensure you have answered all questions fully and correctly. Failure to answer all questions may result in denial of employment. By signing below you agree the statements made on this application are true, complete and correct to the best of your knowledge and belief, and are made in good faith.

Applicants Signature:	Date Signed:
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