

Brooklyn:
 467 Prospect Avenue
 Brooklyn, NY 11215
 Tel: 718-788-2000
 Fax: 718-788-5374



Long Island:
 615 South Street
 Garden City, NY 11530
 Tel: 516-246-8000
 Fax: 516-246-8888

Driver Application

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to provide information necessary to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, genetic information, disability, veteran status, or any other status protected under local, state, or federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include a drug test or other physical evaluations. This application will remain active for 180 days.

Applicant Name:		Social Security #:	
Current Address:		Date of Birth:	
City:	St.	Zip	
Cell Phone:	Email:		
Home Phone:			

Residence Past 3 Years

Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?

Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVER LICENSE AND MEDICAL CERTIFICATE!!

Applicant lists the state and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	Class A, B	ENDORSEMENTS

Driving Experience

Equipment Class	Type of Equipment Van, Flat, Tank etc	DATES From	To	Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Other				

DRIVERS APPLICATION

Accidents/crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle [] Yes [] No

B. Has any license, permit or privilege ever been revoked? [] Yes [] No

If yes, attach statement giving details.

This company requires all drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substance tested with a negative result prior to driving. Do you consent to such testing? [] Yes [] No

EMPLOYMENT RECORD
All for the past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: _____
 Position Held: _____ From _____ To _____
 Address : _____ City _____ ST _____
 Telephone #: _____
 Reason For Leaving: _____
 Were you subject to the Federal Motor Carrier Safety Regulations at this employer Yes ___ No ___
 Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? Yes ___ No ___

Last Employer: _____
 Position Held: _____ From _____ To _____
 Address : _____ City _____ ST _____
 Telephone #: _____
 Reason For Leaving: _____
 Were you subject to the Federal Motor Carrier Safety Regulations at this employer Yes ___ No ___
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DRIVERS APPLICATION

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APPLICANT'S CERTIFICATION AGREEMENT

- 1 I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered.
- 2 I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
- 3 If I am offered and accept a position, I agree to conform to all existing and future Company rules and regulations
- 4 I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986
- 5 I have read and reviewed the information provided in this application and the above statements.

By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date