

Position Desired: _____ Date you can start: _____ Salary Desired: _____

Which do you prefer: Full time Part time Days/Hours: _____

Are you employed now? Yes No If so, may we contact your current employer? Yes No

Have you ever worked for this company before? Yes No If so, when? _____

EDUCATION

High School _____ City/State _____ Years Completed _____ Degree _____

College _____ City/State _____ Years Completed _____ Degree _____

Graduate _____ City/State _____ Years Completed _____ Degree _____

Have you served in the United States Armed Forces? Yes No Branch _____ Final Rank _____

Additional training, skills, experience, and special achievements relevant to position: _____

EMPLOYMENT HISTORY

List present and past employers beginning with the most recent. Attach additional sheets as needed.

Name/Address of Employer: _____ Phone: _____

Dates: _____ Position Held: _____ Duties: _____

Starting Pay: _____ Ending Pay: _____ Promotions? _____

Supervisor: _____ Reason for Leaving: _____

Name/Address of Employer: _____ Phone: _____

Dates: _____ Position Held: _____ Duties: _____

Starting Pay: _____ Ending Pay: _____ Promotions? _____

Supervisor: _____ Reason for Leaving: _____

Name/Address of Employer: _____ Phone: _____

Dates: _____ Position Held: _____ Duties: _____

Starting Pay: _____ Ending Pay: _____ Promotions? _____

Supervisor: _____ Reason for Leaving: _____

Name/Address of Employer: _____ Phone: _____

Dates: _____ Position Held: _____ Duties: _____

Starting Pay: _____ Ending Pay: _____ Promotions? _____

Supervisor: _____ Reason for Leaving: _____

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain:

Please explain any gaps in your employment history:_____

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?_____

Do you have adequate transportation to and from work? Yes No

Do you have any friends or relatives who work for the company? If yes, who?_____

List three personal references who know you well, but who are not previous employers or relatives.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This application will be considered active for ninety (90) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature:_____ **Date:**_____

ALL APPLICANTS
YOU ARE NOT DONE....PLEASE FILL OUT THE FOLLOWING
BACKGROUND CONSENT PAGE



Position Desired: _____ Date you can start: _____ Salary Desired: _____

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, 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 or financial history and other related matters as may be necessary in arriving at an employment decision. Inquiries regarding an applicant's medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools 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 TransTek.

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 49CFR 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 the 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 _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers they drove for during the preceding 10 years. List complete mailing address, street number, city, state, and zip.

Employer Name: _____
Address: _____ City _____ State _____ ZIP _____
Contact Person/Supervisor: _____ Phone: _____
Dates Employed: From _____ To _____ Position Held: _____
Salary/Wage: _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer Name: _____
Address: _____ City _____ State _____ ZIP _____
Contact Person/Supervisor: _____ Phone: _____
Dates Employed: From _____ To _____ Position Held: _____
Salary/Wage: _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer Name: _____
Address: _____ City _____ State _____ ZIP _____
Contact Person/Supervisor: _____ Phone: _____
Dates Employed: From _____ To _____ Position Held: _____
Salary/Wage: _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer Name: _____
Address: _____ City _____ State _____ ZIP _____
Contact Person/Supervisor: _____ Phone: _____
Dates Employed: From _____ To _____ Position Held: _____
Salary/Wage: _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer Name: _____
Address: _____ City _____ State _____ ZIP _____
Contact Person/Supervisor: _____ Phone: _____
Dates Employed: From _____ To _____ Position Held: _____
Salary/Wage: _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

ACCIDENT RECORD: Include all in the last 3 years or more (attach sheet if more space is needed). If none, write NONE.

Date: _____ Nature of Accident: _____
Fatalities?: _____ Injuries?: _____ Hazardous Material Spill? _____
Date: _____ Nature of Accident: _____
Fatalities?: _____ Injuries?: _____ Hazardous Material Spill? _____
Date: _____ Nature of Accident: _____
Fatalities?: _____ Injuries?: _____ Hazardous Material Spill? _____
Date: _____ Nature of Accident: _____
Fatalities?: _____ Injuries?: _____ Hazardous Material Spill? _____

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations)

Date: _____ Location: _____ Charge: _____ Penalty: _____
Date: _____ Location: _____ Charge: _____ Penalty: _____
Date: _____ Location: _____ Charge: _____ Penalty: _____
Date: _____ Location: _____ Charge: _____ Penalty: _____

EXPERIENCE AND QUALIFICATIONS—DRIVER

List all driver licenses or permits held in the last three years

License number: _____ State: _____ Type: _____ Exp. Date: _____
License number: _____ State: _____ Type: _____ Exp. Date: _____
License number: _____ State: _____ Type: _____ Exp. Date: _____
License number: _____ State: _____ Type: _____ Exp. Date: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

IF THE ANSWER WAS YES TO THE ABOVE, GIVE DETAILS:

DRIVING EXPERIENCE

Straight Truck Type: _____ Dates: _____ Approx. No. of Miles: _____
Tractor Trailer Type: _____ Dates: _____ Approx. No. of Miles: _____
Doubles Type: _____ Dates: _____ Approx. No. of Miles: _____
Triples Type: _____ Dates: _____ Approx. No. of Miles: _____
Motorcoach/Bus Type: _____ Dates: _____ Approx. No. of Miles: _____

List states operated in for last 5 years: _____

List special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Signature: _____ **Date:** _____