



4475 NE 3rd Street
Des Moines, IA 50313

DRIVER/NON-DRIVER APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete all sides of the form. If more space is needed to complete any question, use an extra sheet of paper. Print clearly; illegible applications will not be processed.

All qualified applicants will receive consideration without unlawful discrimination because of race, creed, religion, color, sex, age, national origin or disability.

Last Name		First	Middle	Social Security Number
*Current Address				Are you at least 18 years of age? Yes No
Street	City/Town	State	Zip Code	Do you have a legal right for work in the U.S. full time? Yes No
*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.				
Street	City/Town	State	Zip Code	Telephone Number(s) () ()
Street	City/Town	State	Zip Code	
Position you are applying for: (Maximum of 2)			Date available	
1.				
2.				
Have you ever been employed by Us? Yes No			Position	Reason for Leaving
If yes, give dates you were employed:				

List all of the formal education that you have completed. Use a separate sheet of paper if you need additional space.

High School If no, list the highest level completed:		Did you graduate? Yes No	Major Subject
College	Location	Did you graduate? Yes No If no, list the highest level completed:	Major Subject
Trade School	Location	Did you graduate? Yes No If no, list the highest level completed:	Major Subject

Have you ever been convicted of a felony? (For purposes of this question, convicted includes plead guilty, plead no contest or been given a deferred sentence or judgment.)

If yes, please explain _____

(Note: A conviction will not automatically disqualify an applicant for a particular job, and that the type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.)

DRIVER EXPERIENCE & QUALIFICATIONS

(ANSWER THE QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION)

Date of Birth _____ The U.S. Department of Transportation requires that drive applicants state their date of birth §391.21(b)(2)
(month/day/year)

Social Security No. _____ - _____ - _____

PHYSICAL HISTORY

The U.S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR §391 Subpart E.

Date of last Department of Transportation prescribe physical examination _____

Have you ever been granted a waiver under section 391-49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? _____ Yes _____ No

Licenses

Driver Licenses held in past 3 years must be shown	State	License No.	Type	Expiration Date

- 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 suspended or revoked? Yes _____ No _____
 - C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____
- If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List States operated in during last five years _____

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

List safe driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach a separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other that parking violations

Location	Date	Charge	Penalty

List employment starting with your most recent job during the past 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use back or separate sheet of paper if necessary.

Employer Telephone Number ()	From	To	Pay level per Yr/Mo/Wk/Hr
Address	Job Title: _____ Describe your duties:		
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone Number ()	From	To	Pay level per Yr/Mo/Wk/Hr
Address	Job Title: _____ Describe your duties:		
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone Number ()	From	To	Pay level per Yr/Mo/Wk/Hr
Address	Job Title: _____ Describe your duties:		
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone Number ()	From	To	Pay level per Yr/Mo/Wk/Hr
Address	Job Title: _____ Describe your duties:		
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone Number ()	From	To	Pay level per Yr/Mo/Wk/Hr
Address	Job Title: _____ Describe your duties:		
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone Number ()	From	To	Pay level per Yr/Mo/Wk/Hr
Address	Job Title: _____ Describe your duties:		
City State Zip Code	Supervisor's Name	Reason for leaving	

I understand:

that the completion of this application does not constitute authorization for the applicant to drive, nor does it obligate the company to authorize the applicant to drive.

that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

that giving false or misleading information on this form or in an interview is ground for denial or immediate termination of employment.

that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company at the post-offer, pre-employment stage.

that if my driving record does not meet qualification standards set by the Company and its insurance carrier, I will not be considered for authorization to drive. I also agree that my qualification to drive may be subject to immediate termination if I become uninsurable due to traffic violations, regardless of who is at fault.

that use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post-offer, pre-employment physical examination. I also understand that, if employed, I may be required to submit to an alcohol or drug screening according to federal and state law.

that if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give to this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

that this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

Authorization To Release Information

If I am given a conditional offer, I authorize this organization to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history and to receive the results of any physical examination, including the results of alcohol or drug screening, I may be required to undergo, and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under Federal Fair Credit Reporting Act I have the right to make a written request to this organization, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

I understand if employment is obtained under this application, I will comply with all rules and policies of the company. I agree to be responsible for company property and equipment issued to me by the company until returned by me. I agree to pay for property and equipment not returned and authorize the company to withhold an amount equal to the value of property not returned by me from my final pay.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment, and may be terminated by the employer at any time and for any or no reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

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 of Applicant _____

Date _____