



Driver's Application for Employment

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, marital status, or non-job related disability.

Date of Application:

____ / ____ / ____
Month Day Year

Answer all questions – please print

Name: _____
First Middle Last

Social Security # _____

Date of Birth: _____ / _____ / _____
Month Day Year

(S.S.N. and D.O.B required for all commercial drivers, per FMCSA regulation § 391.21)

Current Address: _____
Street

City State Zip Code

Phone: _____

Since: _____
Month / Year

List any other addresses of residency for the past 3 years; (List additional addresses on separate page, if needed)

1. _____
Street City State Zip Code

From: _____ To: _____
(Mo/Yr) (Mo/Yr)

2. _____
Street City State Zip Code

From: _____ To: _____
(Mo/Yr) (Mo/Yr)

3. _____
Street City State Zip Code

From: _____ To: _____
(Mo/Yr) (Mo/Yr)

Position(s) applied for: _____

Who referred you? _____

Are you currently employed? _____

Do you have the legal right to work in the United States? _____

Can you legally go into Canada? _____

Do you have a passport? _____

Is there any reason that 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: _____

Have you worked for this company before? _____ If yes, When? _____

If yes: Position? _____ Reason for leaving? _____

High School Diploma/GED? _____ Any College? If yes, explain: _____

Last school attended: _____ Location: _____

Is there any personal information you would like to add this application? (Military Service, Awards, etc)



DRIVER LICENSE HISTORY – You must list any license you had, for the previous 3 years, in all states.

Driver's Licenses	State	License #	Class	Expiration Date	

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If the answer is yes to either question, then you must attach a sheet explaining the details.

DRIVING EXPERIENCE – If none, write None.

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. Mileage (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor and Two Trailers				
Motor Coach/School Bus				
Other				

ACCIDENT RECORD – for the past 3 years or more. If none, write NONE.

Date	Nature of Accident (Head-on, Rear End, Rollover, etc.)	Number of	
		Fatalities	Injuries

TRAFFIC VIOLATIONS – Convictions or forfeitures for the past 3 years (other than parking violations). If none, write NONE.

Date	Violation	Location	Penalty

(Attach an additional sheet, if necessary, for additional Accidents or Violations)



All driver applicants must provide the following information on all employers during the preceding 3 years. All driver applicants who have operated a commercial motor vehicle with a previous employer, must also provide an additional 7 years (10 years total) on previous employers for whom the applicant operated such vehicle.

Please be sure to list employers in reverse order, starting with the most recent employer. List complete address, city, state, zip, phone, and fax number for each employer. Add another sheet, if necessary.

Employer: _____ Position: _____
 Address: _____ From (MM/YY): _____
 City, State: _____ Zip: _____ To (MM/YY): _____
 Phone: _____ Fax: _____ Contact Person: _____
 Reason for Leaving: _____
 Was this job a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR Part 40? YES NO Were you subject to the FMCSR's while you were employed? YES NO

Employer: _____ Position: _____
 Address: _____ From (MM/YY): _____
 City, State: _____ Zip: _____ To (MM/YY): _____
 Phone: _____ Fax: _____ Contact Person: _____
 Reason for Leaving: _____
 Was this job a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR Part 40? YES NO Were you subject to the FMCSR's while you were employed? YES NO

Employer: _____ Position: _____
 Address: _____ From (MM/YY): _____
 City, State: _____ Zip: _____ To (MM/YY): _____
 Phone: _____ Fax: _____ Contact Person: _____
 Reason for Leaving: _____
 Was this job a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR Part 40? YES NO Were you subject to the FMCSR's while you were employed? YES NO

Employer: _____ Position: _____
 Address: _____ From (MM/YY): _____
 City, State: _____ Zip: _____ To (MM/YY): _____
 Phone: _____ Fax: _____ Contact Person: _____
 Reason for Leaving: _____
 Was this job a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR Part 40? YES NO Were you subject to the FMCSR's while you were employed? YES NO

TO BE READ AND SIGNED BY APPLICANT:

This is an employment application for a position with;

AVERY TRANSPORT INC
43120 VENTURE ST
LANCASTER, CA 93535

As a prospective employer, we must ask any applicant for a driving position with our company whether the applicant has tested positive, or refused to test, for any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, any position designated as a safety-sensitive function in any DOT regulated mode during the past two years.

Please check one of the following which is true;

- Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.
- No, I have not tested positive for drugs/alcohol, nor refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a safety-sensitive function in any DOT regulated mode if you admit that you had tested positive, or refused to test, for any DOT regulated drug or alcohol test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

Please be sure to read all the following information carefully, before signing this application.

Per FMCSR Section 391.23(i)(1), Avery Transport Inc hereby expressly notifies you that you have the right to review information provided by previous employers. You also have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer. Lastly, you have the right to a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

APPLICANT CERTIFICATION – By signing below, you agree that the foregoing is true and correct.

I authorize Avery Transport Inc to make such investigations and inquiries of my personal, employment, financial and/or medical history, and other related matters as 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, healthcare providers, and other persons from all liability in responding to the releasing of information in connection with my applications. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge of employment. I agree to abide by all rules and regulations of Avery Transport Inc.

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.

(Date) _____ (Applicant's signature) _____