

Applicant Name: \_\_\_\_\_

# Employment Application

Commercial Truck Driver  
P. C. Transport Inc.

2063 Skyview Drive, Casper WY 82602

rev:07/2005

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations (FMCSR) and the company named above.

## Instructions to applicant

Please answer all questions. If the answer to any question is "No" or "None" do not leave them blank, but write "No" or "None." **This is important.**

Date:\_\_\_\_\_. I have worked for PCTI, as a truck driver before: \_\_\_Yes, \_\_\_No When:\_\_\_\_\_

Name:\_\_\_\_\_

(first) (middle) (last)

Phone Number: ( ) \_\_\_\_\_ Emergency Phone Number: ( ) \_\_\_\_\_

\*Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Do you currently have a DOT Physical Card: \_\_\_YES, \_\_\_NO. If yes, expiration date \_\_\_\_\_

Current and three years previous addresses beginning with the most recent. Include street, city and state:

\_\_\_\_\_ From \_\_\_\_\_ Until \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ Until \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ Until \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ Until \_\_\_\_\_

If more room is needed please use a separate sheet

\*The age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## Driver's License (list each Driver's License held in the last three years)

State	License Number	Class of CDL	Endorsements	Expiration Date



Applicant Name: \_\_\_\_\_

From: \_\_\_\_\_ Until: \_\_\_\_\_ Employer: \_\_\_\_\_  
Month/Year Month/Year

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

While employed by this employer were you subject to the FMCSR? \_\_\_\_\_ Was this job safety sensitive? \_\_\_\_\_

From: \_\_\_\_\_ Until: \_\_\_\_\_ Employer: \_\_\_\_\_  
Month/Year Month/Year

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

While employed by this employer were you subject to the FMCSR? \_\_\_\_\_ Was this job safety sensitive? \_\_\_\_\_

From: \_\_\_\_\_ Until: \_\_\_\_\_ Employer: \_\_\_\_\_  
Month/Year Month/Year

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

While employed by this employer were you subject to the FMCSR? \_\_\_\_\_ Was this job safety sensitive? \_\_\_\_\_

(Use additional sheet if necessary)

### Driving Experience (years of experience)

Class of Equipment	Years	Months	Approximate Number of Miles Total
Straight Truck			
Tractor and Semi Trailer			
Tractor and Two Trailers			
Tank Vehicles			
Longer Combination Vehicles (LCVs)			
Others			

I am currently certified to operate Longer Combination Vehicles (LCVs) and can provide documentation accordingly: YES \_\_\_\_\_ NO \_\_\_\_\_

List any safe driving awards you hold and from whom: \_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Accident Record** (list ALL traffic accidents in the last three years. Not just those in a CV)

Date of Accident	Nature of Crash (Head on, Rear end, Upset)	Location of Accident	# of Fatalities	# of Persons Injured

**Traffic Convictions and Forfeitures for the last three years**

(list ALL, not just those in a CV)

Date	Location (City and State)	Charge (if speeding specify speed and posted limit)

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ..... YES \_\_\_ NO \_\_\_
2. Has your driver's license ever been suspended or revoked? ..... YES \_\_\_ NO \_\_\_
3. Have you ever been convicted of a felony ..... YES \_\_\_ NO \_\_\_
4. Have you, during the last two years, ever tested positive for drugs or alcohol? ..... YES \_\_\_ NO \_\_\_
5. ...or refused to test for a controlled substance or alcohol? ..... YES \_\_\_ NO \_\_\_

(whether you were hired or not!)

If the answer to 1, 2, 3, 4 or 5 is "yes" then please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal References**

List three persons for references, other than family members, who have knowledge of your driving abilities.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**To be read and signed by Applicant:**

*It is agreed and understood that any misrepresentation given on this Employment application shall be considered an act of dishonesty.*

*I give the Motor Carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background, I hereby release from all liability for damages the Motor Carrier and its agents or representatives for seeking such information and all other personas, corporations or organizations for furnishing such information.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.*

*It is agreed and understood that if this employment application in no way obligates the motor carrier to hire me.*

*I understand that should I be hired, nothing in this application or any subsequent document is intended to be understood as an employment contract between the company and me.*

*It is agreed and understood that if qualified to work as a Commercial Motor Vehicle Driver, I may be on a probationary period during which I may be terminated without recourse.*

*I realize the information provided by me in regards to my previous employment may be used and my previous employers will be contacted for the purpose of investigating my safety performance history as required by paragraphs (d) and (e) of §391.23. I also understand that I have the right to review the responses my previous employers furnish and the right to rebut or request correction of erroneous information received and that it is my responsibility to request said correction from my previous employer.*

*This signifies that this application was completed by me, and that all entries on it are true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

**Hire date:** \_\_\_\_\_

**Remarks (for office use only) :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_