

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: _____

Education and Employment History

Please circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 9 High School: 10 11 12
College: 1 2 3 4 5 Post Graduate: 1 2 3 4

Please give a **Complete Record** of all employment for the past three years, including any periods of unemployment or self employment and all commercial driving experience for the last 10 years. FMCSR means Federal Motor Carrier Safety Regulations. When asked if this job was safety sensitive it means, were you subject to the alcohol and drug testing requirements of 49 CFR, part 40.

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? _____

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Month/Year Month/Year
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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: _____

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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) : _____

