



Jesse Bounds Trucking
www.boundshay.com

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Date of Application: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

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, financial or medical history and other related matters as may be 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, health care providers 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 the Company. 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 49 CFR 391.23(d) and (e). I understand 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 a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature: _____

Date: _____



APPLICANT TO COMPLETE
(answer all questions - please print)

Position(s) Applying For: _____

Full Name: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address:		
Street:		
City:	State:	Zip Code:

Previous Addresses:		
Street:		
City:	State:	Zip Code:
Street:		
City:	State:	Zip Code:
Street:		
City:	State:	Zip Code:

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

Can you provide proof of age? *(Required for Commercial Drivers)* _____



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Have you worked for this company before?

If so, where?

Dates:

Position:

Reason for leaving:

Are you currently employed?

If not, how long since leaving last employment?

Who referred you?

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If Yes, Please Explain , if you wish:

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer Name:	Dates Employed:	
Address:		
City:	State:	Zip Code:
Position Held:		
Contact Person:	Phone Number:	
Reasons for Leaving:		
Were you subject to FMCSR's while employed?		
Was your job designated as a safety sensitive function in any DOT – regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		



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Employer Name:	Dates Employed:	
Address:		
City:	State:	Zip Code:
Position Held:		
Contact Person:	Phone Number:	
Reasons for Leaving:		
Were you subject to FMCSR's while employed?		
Was your job designated as a safety sensitive function in any DOT – regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		

Employer Name:	Dates Employed:	
Address:		
City:	State:	Zip Code:
Position Held:		
Contact Person:	Phone Number:	
Reasons for Leaving:		
Were you subject to FMCSR's while employed?		
Was your job designated as a safety sensitive function in any DOT – regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



ACCIDENT RECORD & TRAFFIC CONVICTIONS

Have you been involved in an accident in the last 3 or more years?

If Yes, please list your accidents below:

Date	Nature of Accident <i>(Head-on, Rear End, Upset, Etc.)</i>	Fatalities	Injuries

Have you had any traffic convictions or foreitures in the last 3 years?

If Yes, please list your traffic convictions or foreitures below:

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years below:

Drivers Licenses	State	License No.	Type	Expiration Date



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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 above, please explain:

Driving Experience:

Straight Truck (Yes/No)	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From (M/Y) To (M/Y)	Approx. No. of Miles
Tractor and Semi Trailer (Yes/No)	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From (M/Y) To (M/Y)	Approx. No. of Miles
Tractor - Two Trailers (Yes/No)	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From (M/Y) To (M/Y)	Approx. No. of Miles
Tractor - Three Trailers (Yes/No)	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From (M/Y) To (M/Y)	Approx. No. of Miles
Motorcoach - School Bus 16 Passengers (Yes/No)	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From (M/Y) To (M/Y)	Approx. No. of Miles
Motorcoach - School Bus 8 Passengers (Yes/No)	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From (M/Y) To (M/Y)	Approx. No. of Miles
Other	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates From (M/Y) To (M/Y)	Approx. No. of Miles



List states operated in for the last 5 years:

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

Which safe driving awards do you hold and from whom?

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

Education

Highest Grade Completed: _____ High School: _____ College: _____
(1 - 8) (1 - 4) (1 - 4)

To Be Read And Signed By Applicant

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.

Applicant Signature: _____

Date: _____



Office Use Only

Process Record

Applicant Hired:

Rejected:

Date Employed:

Point Employed:

Department:

Classification:

(If rejected, summary report of reasons should be placed in file.)

Signature of Interviewer:

Date:

Termination Of Employment

Date Terminated:

Department Released From:

Dismissed:

Voluntarily Quit:

Other:

Termination Report Placed In File:

Supervisor: