

List your addresses of residency for the past 3 years.

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

Have you ever worked for this company before? ___YES

NO

First Name:

If so, When

Were you referred? ___YES

DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer All Questions-Please Type or Print Legibly)

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 or non-job related disability.

Last Name:

_YES

___NO

If so, By Whom? _____

NO

Middle Initial

SSN#:	Dat	e of Birth (mm/dd/yyyy)		
Home Phone#:		Cell Phone#:		
Current Address				How Long?
	Street	City/State	Zip	_
Previous Addresses				How Long?
	Street	City/State	Zip	_
_				How Long?
	Street	City/State	Zip	J
_				How Long?
	Street	City/State	Zip	J
Email Address:				
Have you ever been If so, please explain	convicted of a felony?	YES	NO	

Please list 3 l	References.		DI N 1
	<u>Name</u>		Phone Number
·			
J			
	I in the job description)?		ons of the job for which you have appliedNO
List any truck		NCE AND QUALIFICAT	TIONS- OTHER in your work for this company. Also, list
ny special ed	quipment or technical mate	rials you can work with.	
		EDVICATION.	
		EDUCATION	
· ·	e Completed: School:5678	High School12	34
ast School A	Attended		
	Name		Address
List any speci	ial courses, classes or progr	rams in which have helped	you as a driver.
	EXPERIEN	CE AND QUALIFICATI	IONS – DRIVER
State	EXPERIEN License #	CE AND QUALIFICATI (Driver Licenses) Type	IONS – DRIVER Expiration Date
State		(Driver Licenses)	
State		(Driver Licenses)	

•	en denied a license, permit or priv	_		
<u> </u>	en disqualified for violations of the permit or privilege ever been suspe		<u>-</u>	_
• • •	B, or C is YES, Please attach staten			NO
	,,	8 8		
	DRIVING EXPERII	ENCE (If n	one, write none)	
	Type	D	ates	
Class	(Van,Tank,etc)	From	То	Total Miles
Straight Truck				
Tractor/SemiTrlr				
Tractor/2 Trlrs				
Other				
			'	
	EMPLOYN	MENT HIST	TORY	
	ts to drive in interstate commerce			
	st complete mailing addresses, phease answer all questions. (Please			
-	_			
Name		Date	e of employment	to
			G: /g.	
Stree			City/State	Zip
	Salary/Wage			
Contact Name		Phone#		Fax#
~~~~~~~		~~~~~~	~~~~~~~~	.~~~~~~~~~~
Name		Date	e of employment	to
Stree			City/State	Zip
Position held	Salary/Wage		Reason for leaving _	
Contact Name		Phone#		Fax#
~~~~~~~		~~~~~	~~~~~~~~	.~~~~~~~~~~~
Name		Date	e of employment	to
Address				
Stree	et		City/State	Zip
Position held	Salary/Wage		Reason for leaving _	
Contact Name		Phone#		Fax#
~~~~~~~~~	-~~~~~~~~~~	~~~~~~	~~~~~~~~	,~~~~~~~~~~~~

Name			Date of employment	to	
Address					
St	reet		City/State	Zip	
Position held		Salary/Wage	Reason for leaving		
	ontact Name			Fax#	
			Date of employment		
Address					
St	reet		City/State	Zip	
Position held		Salary/Wage	Reason for leaving		
Contact Name		Phor	ne#	_ Fax#	
			vears. (If NONE, write NONE)		
Last Accident	Dates	Fatalities	Type of Accident	Injuries	
Next Previous					
Next Previous					
		(Attach sheet if more	e space is needed)		
T	raffic Convictions	& Forfeitures for th	e past 3 years. (If NONE, write	te NONE)	
Location	Date	Char	ge	Penalty	
	Ī	1			

(Attach sheet if more space is needed)

## 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.

I authorize **Ameratrans**, **LLC** to make such investigations and inquire of my personal, employment, financial or medical history and other related matters, as may be necessary in arriving at an employment decision. 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.

Applicant's Signature	Date	
Applicant Print Name		