

QUALITY FOOD COMPANY

COMMERCIAL DRIVER APPLICATION

DATE _____

Please type or print in ink and complete all questions. This application is in compliance with §391.21 Federal Motor Carrier Safety Regulations. An incomplete application cannot be accepted and will only slow down the hiring process.

Social Security# _____ Birth Date _____/_____/_____

Last Name _____ First Name _____ M.I. _____

List any other name you may be know by _____

Present Address _____ Own _____ Rent _____

How Long? _____

Previous Address _____ How Long? _____

Email _____

Home Phone _____ Cell Phone _____

In case of emergency, contact _____

Address _____

Phone _____

Are you a United States citizen? _____ If not, can you provide legal proof of eligibility to work in the US? _____

Salary requirement _____ When would you be available? _____

Were you referred to Quality Food Co.? _____ If so, by whom? _____

Do you currently have any Worker's Compensation claims pending? _____ If yes, please explain? _____

Do you have any disabilities that might prevent you from performing duties required of a commercial driver? _____

Have you ever been convicted of a felony? _____ If yes, explain _____

Date of last medical exam _____ Location _____

Date of last drug test _____ Location _____

EXPERIENCE AND QUALIFICATIONS

List all drivers licenses held over the past 3 years.

State	License#	Class	Expiration Date

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- A Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
- B Has any license, permit or privilege ever been suspended or revoked? _____
- (. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____

If the answer is YES to either A,B or C, attach a statement giving details.

DRIVING EXPERIENCE

	<u>Type of Equipment</u>	<u>Years</u>	<u>Approximate Miles</u>
Straight Truck			
Tractor /Trailer			
Doubles			
Others			

List all states and provinces operated in during the last 5 years. _____

List any accidents involved in over the last 3 years. Include dates, type of accident (head-on, rear-end collision, etc.), specific damage (property, personal injury, fatality, etc.), type of vehicle, number of vehicles, law enforcement cause determination, etc. _____

List ALL violations of motor vehicle laws and ordinances from the past 5 years while operating a commercial or private vehicle, (tractor, straight truck, car, pick-up truck, motorcycle, etc.). Include weight and size violations, log book violations, DUI, reckless driving, speeding, improper turns, lane changes, etc. (No parking violations, please.) Attach additional page if necessary.

<u>Type of Violation</u>	<u>Conviction Date</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>

List any special training, driving courses, safety awards, etc.

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If you are a truck school graduate, give the name, location and date of completion.-----

Education

	Name of School & Location	Major Course Study	Did you Graduate	Date of Graduation
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade School	_____	_____	_____	_____

List any special interests, clubs or organizations you are affiliated with-----

Employment History

All Driver applicants to drive an interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address including street number, city, state and zip code. Applicants to drive a commercial vehicle* in intrstate 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	MAY WE CALL?	FROM	TO	
NAME		POSITION HELD		
ADDRESS		SALARY/WAGE		
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
EMPLOYER	MAY WE CALL?	FROM	TO	
NAME		POSITION HELD		
ADDRESS		SALARY/WAGE		
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
EMPLOYER	MAY WE CALL?	FROM	TO	
NAME		POSITION HELD		
ADDRESS		SALARY/WAGE		
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
EMPLOYER	MAY WE CALL?	FROM	TO	
NAME		POSITION HELD		
ADDRESS		SALARY/WAGE		
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		

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Employment History (con't)

This *Commercial Drivers Application for Employment* is in compliance with §391.21 Federal Motor Carrier Safety Regulations. All requested information must be complete, covering the years specified. If you have any questions, please contact the office of Quality Food Company. There are additional forms, which are required by the Department of Transportation per the Federal Motor Carrier Safety Regulations that should be included with this application.

In addition to completing and returning this application, a legible copy of your recent commercial drivers license, medical certificate, social security card, and birth certificate or passport are requested.

This certifies that this application for employment as a commercial driver was completed by me, and that all entries and information are true and complete to the best of my knowledge.

Signature of Applicant

Date