



EMPLOYMENT APPLICATION

APPLICANT INFORMATION ANSWER ALL QUESTIONS (PLEASE PRINT)

Last Name: First Name: M.I.:
Street Address: Apt/Unit #:
City: State: Zip/Postal Code:
Phone: E-Mail Address:
Date of Birth: Social Security No.: Date Available:

Position Applied for: Who referred you?

Answer all of the following questions

Have you ever worked for this company? YES NO **If Yes, when?**
Are you a citizen of the United States? YES NO **If No, are you authorized to work in the U.S.?** YES NO
Are you employed now? YES NO **If No, how long since last employment?**
Have you ever been convicted of a felony? YES NO **If Yes, please explain fully on separate sheet of paper.**
Have you ever been charged of a DUI/DWI? YES NO **If Yes, Date of Conviction:**
Have you ever been bonded? YES NO **If Yes, Name of Bonding Company:**

Accident History

If any, please answer:

Date: Fatalities: YES NO Injuries: YES NO CMV: YES NO
Description of Accident:
Date: Fatalities: YES NO Injuries: YES NO CMV: YES NO
Description of Accident:
Date: Fatalities: YES NO Injuries: YES NO CMV: YES NO
Description of Accident:

Traffic Convictions & Forfeitures for the past 3 years (Do NOT include Parking Violations)

If any please answer:

Location: Date: Charge: Penalty:
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Location: Date: Charge: Penalty:

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

- A. Have you ever been declined a license, permit or privilege to operate any motor vehicle? YES NO
- B. Has any license, permit, or privilege ever been revoked? YES NO

License, Qualifications, and Experience as a Driver

If any, please fill out the info below:

State: License No.: Type: Issue Date:
State: License No.: Type: Issue Date:



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Driver Experience

If any, please fill in the info below:

Type of equipment:	Date:	# of miles:	Areas:
Type of equipment:	Date:	# of miles:	Areas:
Type of equipment:	Date:	# of miles:	Areas:

Any safe driving awards? YES NO If yes, please list below:

Education

High School:
From: To: Did you graduate: YES NO Degree Earned:

Tech School:
From: To: Did you graduate: YES NO Degree Earned:

College:
From: To: Did you graduate: YES NO Degree Earned:

References:

Please list 3 professional references below

Full Name: Relationship:
Company: Phone:
Address:

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Previous Employment

All driver applicants to drive in interstate commerce must provide the following information on **ALL EMPLOYERS DURING THE PAST TEN (10) YEARS**. A complete mailing address (street number and name, city, state, and zip/postal code). Also, a **CURRENT** phone number for the place of business.

NOTE: List employers starting with the MOST RECENT one first:

Company:
 Address:
 Phone: Supervisor:
 Position: Starting Salary: \$ Ending Salary: \$
 Did you drive a vehicle that required a CDL under FMCSA? YES NO

From: To: Reason for Leaving:
 May we contact your previous supervisor for reference? YES NO

Company:
 Address:
 Phone: Supervisor:
 Position: Starting Salary: \$ Ending Salary: \$
 Did you drive a vehicle that required a CDL under FMCSA? YES NO

From: To: Reason for Leaving:
 May we contact your previous supervisor for reference? YES NO

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Address:
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Military Service

Branch:
Rank at discharge:
If other than honorable, please explain:

From: To:
Type of discharge:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false and misleading information in my application or interview may result in my release from Southwestern Trucking, Inc.

Signature

Date



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I, _____ understand that Southwestern Trucking, Inc. will be requesting information concerning my previous employment, driving record, and/or background history from various federal, state, and other agencies which maintain records concerning drug/alcohol tests, traffic offenses, accidents, criminal records, etc.

I, _____ authorize, without reservation, any party or agency contacted by the company, Southwestern Trucking, Inc., as long as the company uses the information in accordance with the provisions of section 604 and section 607 of the fair credit reporting act.

Signature

Date

Printed Name

Date of Birth

Driver's License Number

State of Issue



Southwestern Trucking, Inc.
Inquiry into Past Employment
Tel.: 770-504-1955
Fax: 770-504-1966

From: Southwestern Trucking, Inc.
Individual: Doug Meyer, Recruiting Manager

To: Previous Employer
Company:
Attn: Safety and Recruiting Department

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a previous employer. Would you kindly reply to this inquiry respecting this applicant? Please note the waiver below, the applicant has waived claim and liability against your company (and its rights) for this information submitted in response to this inquiry. Please fax back to 770-504-1966 ASAP. Thank you.

Name of Applicant:
Social Security Number:
Position Applied For:

Applicant list dated of employment with your firm from: _____ to: _____. Is this correct? **YES** **NO**
What kind(s) of work did he/she do? Driver _____ Dock _____ Shop _____
Other, please specify: _____

If employed as a driver please indicate the type of equipment (Circle all applicable)
Combination Vehicle **Straight Truck** **Bus**
Type of Trailer(s) (circle all applicable)
Flatbed **RGN** **Van** **Reefer** **Other:** _____

Did past employee have any preventable accidents: **YES** **NO** If **YES**, please complete the next section

Number of reported accidents: _____ Number of accidents where past employee was ticketed: _____
Number of reported accidents past employee was at fault: _____
Date of incidents: _____

To your knowledge, was this person's operator's license suspended while in your employ? **YES** **NO**
If **YES**, please explain: _____

Are you aware of any physical or mental limitations that could impair this individual's performance of the job applied for? **YES** **NO**
Did the applicant pose either repeated/or severe disciplinary problems? **YES** **NO**
If **YES**, please explain: _____

Why did this employee leave your employ? **Resigned** **Discharged** **Laid Off**

Is this applicant eligible for re-hire with your company? **YES** **NO** **Upon Review**

Signature of person supplying information Date

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and illness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with Southwestern Trucking, Inc. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the representative of Southwestern Trucking, Inc.

Applicant's Signature Date



Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation to work covered by a DOT agency drug and alcohol testing rules during the past two years?

Please check YES or NO below, then sign and date.

YES or NO

Applicants Signature

Date