

**CDL DRIVER
APPLICATION FOR EMPLOYMENT
CLELAND SITE PREP, INC.**

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.

Date of application:

Position(s) Applied for:

Name: _____ **Social Security Number:** _____

Last First Middle

Home Phone Number: _____ **Cell Phone Number:** _____

List your addresses of residency for the past 3 years.

Current Address:

Street City State Zip How Long? years/months

Previous Address:

Street City State Zip How Long? years/months

Previous Address:

Street City State Zip How Long? years/months

Previous Address:

Street City State Zip How Long? years/months

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

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

Have you ever worked for this company before?	Date From: / / / Date To: / / /	Rate of Pay	Position	Reason for leaving?
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Are you now employed? _____ **If not, how long since leaving last employment?** _____

Who referred you? _____ **Rate of pay excepted:** _____

Have you ever been bonded? (Answer only if a job requirement) _____ **Name of bonding company:** _____

Do you have a Tanker Endorsement? _____ **Do you have a Hazmat Endorsement?** _____

Have you ever been convicted of a felony?

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

EMPLOYMENT RECORD: Please list in order beginning with your present or most recent employer. Please provide all information requested. List your employment for at least the last 7 years. Please account for all gaps between employment greater than one (1) month.

Employer:		Telephone#
Address:		
Dates of Employment:	to	Contact:
Position Held:		Pay Rate:
Duties:		
Reason for Leaving:		

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Address:		
Dates of Employment:	to	Contact:
Position Held:		Pay Rate:
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Position Held:		Pay Rate:
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Reason for Leaving:		

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE			
DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE			
LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED

(NAME)

(CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **YES** _____ **NO** _____
- B. Has any license, permit or privilege ever been suspended or revoked? **YES** _____ **NO** _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE - IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU 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)

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 you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (General inquires regarding medical history will be made only if and after a condition offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires 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 that I am required to abide by all rules and regulations of the Company.

Date

Signature