

# DRIVERS APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
(print)

Company MODULAR TRANSPORTATION

Address 393 MART STREET SW, P.O. BOX 9465

City WYOMING State MI Zip 49509

\*\*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 that 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

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

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

## APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_ SSN# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Phone \_\_\_\_\_ How long? \_\_\_\_\_  
yr / mo

Previous Address \_\_\_\_\_  
Street City  
State Zip Phone \_\_\_\_\_ How long? \_\_\_\_\_  
yr / mo

\_\_\_\_\_  
Street City  
State Zip Phone \_\_\_\_\_ How long? \_\_\_\_\_  
yr / mo

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(answer only if a job requirement)

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 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		DATE	
Name	From: Mo.      Yr.	To: Mo.      Yr.	
Address	Position Held		
City                                  State      Zip	Salary/Wage		
Contact Person                                  Phone	Reason for Leaving		
Were you subject to the FMCSR's ** while employed?	Yes _____	No _____	
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?	Yes _____	No _____	
EMPLOYER		DATE	
Name	From: Mo.      Yr.	To: Mo.      Yr.	
Address	Position Held		
City                                  State      Zip	Salary/Wage		
Contact Person                                  Phone	Reason for Leaving		
Were you subject to the FMCSR's ** while employed?	Yes _____	No _____	
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?	Yes _____	No _____	
EMPLOYER		DATE	
Name	From: Mo.      Yr.	To: Mo.      Yr.	
Address	Position Held		
City                                  State      Zip	Salary/Wage		
Contact Person                                  Phone	Reason for Leaving		
Were you subject to the FMCSR's ** while employed?	Yes _____	No _____	
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?	Yes _____	No _____	
EMPLOYER		DATE	
Name	From: Mo.      Yr.	To: Mo.      Yr.	
Address	Position Held		
City                                  State      Zip	Salary/Wage		
Contact Person                                  Phone	Reason for Leaving		
Were you subject to the FMCSR's ** while employed?	Yes _____	No _____	
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?	Yes _____	No _____	

EMPLOYER		DATE	
Name		From: Mo.      Yr.	To: Mo.      Yr.
Address		Position Held	
City	State      Zip	Salary/Wage	
Contact Person	Phone	Reason for Leaving	
Were you subject to the FMCSR's ** while employed?		Yes _____	No _____
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?		Yes _____	No _____
EMPLOYER		DATE	
Name		From: Mo.      Yr.	To: Mo.      Yr.
Address		Position Held	
City	State      Zip	Salary/Wage	
Contact Person	Phone	Reason for Leaving	
Were you subject to the FMCSR's ** while employed?		Yes _____	No _____
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?		Yes _____	No _____

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 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 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE** (attach sheet if ore space is needed)

\*IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (head-on, rear-end, etc.)	FATALATIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST				
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

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

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

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** check yes or no below

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. # OF MILES TOTAL
				FM (M/Y)	TO (M/Y)	
Straight Truck	Yes _____	No _____	Van, Tank, Flat, Dump, Reefer			
Tractor & Semi-Trailer	Yes _____	No _____	Van, Tank, Flat, Dump, Reefer			
Tractor – 2 Trailers	Yes _____	No _____	Van, Tank, Flat, Dump, Reefer			
Tractor – 3 Trailers	Yes _____	No _____	Van, Tank, Flat, Dump, Reefer			
Motor Coach/Bus (8+ passenger)	Yes _____	No _____	Van, Tank, Flat, Dump, Reefer			
Motor Coach/Bus (15+ passenger)	Yes _____	No _____	Van, Tank, Flat, Dump, Reefer			
Other						

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES/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 IN YOUR WORK WITH 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**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: (Name) \_\_\_\_\_ (City, State) \_\_\_\_\_

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PREVIOUS EMPLOYMENT VERIFICATION

**Modular Transportation 393 Mart Street SW, Wyoming, MI 49548**

**Phone (616) 241-2060 Ext. 4 or Ext. 538 Fax (616) 301-8682**

I, \_\_\_\_\_ hereby authorize you to release the following information to Modular Transportation for the purpose of investigation as required by Part 391.23 and allowed by Part 383.35 of the Federal Motor Carrier Safety Regulation. You are released from any and all liability that may result from furnishing such information.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

ATTENTION: HUMAN RESOURCE DEPT.

The above named person has made an application to this company for a position as a \_\_\_\_\_. We appreciate your time in completing, in confidence, the information requested.

APPLICANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ as \_\_\_\_\_.

Type of motor vehicle applicant drove for you? \_\_\_\_\_ Tractor-Trailer \_\_\_\_\_ Straight Truck  
\_\_\_\_\_ Doubles or Triples \_\_\_\_\_ Tanker \_\_\_\_\_ Other (specify) \_\_\_\_\_

Was this person a safe driver? YES NO Number of Preventable Accidents? \_\_\_\_\_

Please give details of preventable accidents \_\_\_\_\_

Please advise of past driving record if available for the past 3 years. \_\_\_\_\_

Reason for leaving your employ: \_\_\_ Lay off \_\_\_ Voluntary Quit \_\_\_ Discharged \_\_\_ Military

Would you consider re-employment with this individual again? YES NO Why? \_\_\_\_\_

## SUBSTANCE ABUSE AND ALCOHOL TESTING REQUIREMENTS

If the driver was not subject to Part 382 testing requirement while in your employ, please indicate by placing a check in the box  sign and return to Modular Transportation at the above address.

- |  |        |
|--|--------|
| 1. Has this person ever tested positive for a controlled substance in the last 3 years?                              | YES NO |
| 2. Has this person ever had an alcohol test with a breath alcohol concentration 0.04 or greater in the past 3 years? | YES NO |
| 3. Has this person ever refused a required test for drugs or alcohol in the last 3 years?                            | YES NO |
| 4. Other violations of DOT agency drug and alcohol testing regulations?  | YES NO |

*\*Please indicate information received by previous employers.*

\*\*If you answered "YES" to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference: \_\_\_\_\_

\_\_\_\_\_  
SUBMITTED BY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE