

# Drivers Application for Employment-form

Please print in ink. All portions of this application must be completed. All recruitment and selection activities will be conducted without regard to race, creed, color, religion, sex, national origin, age, disability, marital status, status with regard to public assistance, membership, or activity in a local commission, any other protected class status defined by applicable local, state, or federal laws.

Company: Allways moving and storage  
Address: 870 E Chandler blvd  
City: Chandler State: AZ Zip: 85225  
Position(s) applied for \_\_\_\_\_

Name  
Last: \_\_\_\_\_ First: \_\_\_\_\_ middle: \_\_\_\_\_ Application date \_\_\_\_\_  
Have you ever worked under a different name? \_\_Yes \_\_No if "yes" what name? \_\_\_\_\_

Home telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Business telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Social Security number (if hired, you will be required to show your social security card to verify this number)  
\_\_\_\_\_ If hired, on what date can you start? \_\_\_\_\_

Current address  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

**(List your addresses of residency during the 3 years preceding the date the application is submitted.)**

PREVIOUS ADDRESS

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Date of birth\* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
**\*(required for commercial drivers)**

Have you ever applied for employment, worked for any affiliated company before? \_\_\_\_\_  
\_\_Yes \_\_No If "yes" where?  
Dates: From: \_\_\_\_\_ to: \_\_\_\_\_ Rate of pay \$\_\_\_\_\_ Position: \_\_\_\_\_

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

Have you ever been discharged or asked to resign from any previous employment?  
Yes\_\_ No\_\_ IF yes, please explain \_\_\_\_\_  
How did you learn of our organization? \_\_\_\_\_  
Name an affiliation of any relatives employed by our organization(please state their relationship to you?) \_\_\_\_\_

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If employed, can you furnish proof that you are legally entitled to work in the USA?  
\_\_Yes \_\_No Are you age 21 or over? \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending?  Yes  No If yes, please give date, location and details of each: \_\_\_\_\_

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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)?  
 Yes  No If "Yes", explain if you wish.

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Do you have a valid Driver's license?  Yes  No Can you drive a stick shift automobile?  Yes  No

List each unexpired commercial motor vehicle operator's license or permit that has been issued to you:  
Driver's license No: \_\_\_\_\_ Issuing state: \_\_\_\_\_ Expiration date: \_\_\_\_\_

List all motor vehicle accidents in which you were involved during the 3 years preceding the date the application is submitted. If none, write none: Date: \_\_\_\_\_ Offense/Nature \_\_\_\_\_  
Fatalities/personal injuries: \_\_\_\_\_

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List all violations of motor vehicle laws or ordinance (other than violations involving parking only) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted:  
\_\_\_\_\_

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- (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 revoked? Yes  No

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

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**Driving experience (if none, write none)**

Class of Equipment	Type of equipment (van,tank,flat)	Dates: From-To	Approx. no. miles (total)
Straight truck			
Tractor and semi-trailer			
Tractor-two trailers			
Motor coach/school bus			
Other			

List States operated in for the last five years

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List special courses or training that will help you as a driver?

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Which safe driving awards do you hold and from whom?

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## Technical, professional, managerial skills

Show any trucking, transportation or other experience that may help in your work for this company. List special equipment, technical materials you can work with, training abilities or note worthy achievements (other than those already shown)

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### Employment History

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 interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: list, employers reverse order starting with the most recent. Attach additional sheets if necessary.) In accordance with 391.23, investigation and inquiries.

<b>1</b>	Company name and mailing address	telephone
Job title	Name of supervisor	Employed (month and year)
Describe the type of work you performed in this position:		Weekly pay Start                      End
May we contact this employer? Yes No	If "no" why not?	Reason for leaving

<b>2</b>	Company name and mailing address	telephone
Job title	Name of supervisor	Employer (month and year)
Describe the type of work you performed in this position:		Weekly pay Start                      End
May we contact this employer? Yes No	If "no" why not?	Reason for leaving

<b>3</b>	Company name and mailing address	telephone
Job title	Name of supervisor	Employer (month and year)
Describe the type of work you performed in this position:		Weekly pay Start                      End
May we contact this employer? Yes No	If "no" why not?	Reason for leaving

<b>4</b>	Company name and mailing address	telephone
Job title	Name of supervisor	Employed (month and year)
Describe the type of work you performed in this position:		Weekly pay Start                      End
May we contact this employer? Yes    No	If "no" why not?	Reason for leaving

\*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 material in a quantity requiring placarding.

**Education**

Name of school	Location(city/state)	Course of study	No. of years	Did you graduate?	Diploma/degree
Grammar school				Yes    No	
High school				Yes    No	
College				Yes    No	
other				Yes    No	

**Substance abuse screening notice**

The company maintains drug-free work places. This means that we do not permit the use of any illegal substances at any of our locations. It also means that we will not employ any person who tests positive for illegal drugs. Your initial and continued employment by the company, therefore, is contingent upon, among other things, your successfully passing our drug-screening process.

**Please read and sign this section**

I certify that this application was completed by me. I certify that all of the information contained in this application or any other document I have submitted to the company is true and accurate to the best of my knowledge. I understand that if any of this information is false, incomplete, or misleading, it may be grounds for rejection of my application for employment.

Furthermore, I understand that if false, incomplete, or misleading information is discovered after I have been employed by the company, such discovery may be cause for the termination of my employment.

By submitting this application and/or any other documents, I agree to comply with the company's rules and regulations. I further understand that if hired and where permissible by law, I will be "at-will" employee, that is my employment and compensation will not be for definite period and my employment can be terminated at any time by me or by the company, with or without cause or prior notice, regardless of the successful completion of any introductory or probationary period. I further understand that no recruiter, interviewer, or other representative of the company, other than an officer of the company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and none has done so.

I certify that I have received a written notification that the company may obtain a consumer report or reports on me. I authorize this company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports, and investigative consumer reports. I further understand that the term "investigative consumer reports" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I understand and agree as a condition of employment or continued employment that will be required to take a pre-employment substance abuse test, take a substance abuse and/or alcohol screening test at any time where the company determines there is probable cause to do so, and that the test results must be satisfactory to the company. I also agree to take post-offer medical examination if requested. I understand that any offer to hire is conditioned upon results satisfactory to the company of any required pre-employment test, substance abuse test, background investigation, and company medical examination or inquiries.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory overtime, shift work, or a rotating work schedule that includes Saturday and Sunday. I understand and accept these, if hired, as conditions of my continued employment.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT**

**Signature (please do not print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For company use only**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: Yes \_\_\_ No \_\_\_  
Date reporting to work: \_\_\_/\_\_\_/\_\_\_ salary/hourly wage: \_\_\_\_\_ DOT checklist(A) \_\_\_\_\_  
DOT cert(B-1) \_\_\_\_\_ request for information from previous employer (C) \_\_\_\_\_ DOT road test(D) \_\_\_\_\_  
Cert. of road test(E) \_\_\_\_\_ Mvr(F) \_\_\_\_\_  
Request for alcohol and drug testing information from previous employer(G) \_\_\_\_\_ Drivers cert. (H) \_\_\_\_\_