

Application for Employment DRIVER



Note: Read and complete all portions of this proposal in your own handwriting (legible) in ink (Please Print).
APPLICATIONS THAT ARE INCOMPLETE OR FILLED OUT IN PENCIL MAY BE REJECTED.

Date: _____

Personal Information

Name: _____ Home Phone: (____) _____

Present Address: _____ How Long? _____
Alternate Phone: (____) _____

Street City State Zip Code

(Addresses for past 5 years) _____ How Long? _____

Street City State Zip Code

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Street City State Zip Code

Social Security # _____ - _____ - _____ Date of Birth _____ (DOT requires your age/all drivers must be 21 years old)

Have you ever been known by another name? Yes No Name _____

Explain _____

Are you a U.S. Citizen? Yes No If no, do you have the legal right to remain permanently in the U.S.? Yes No

Do you have a current, legal work permit? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

How did you hear about us? N&M Transfer Website Career Builder Online Radio Station _____
 Sign on N&M Vehicle Brochure Billboard Newspaper _____
 School Govt. Employment Agency Relative Other _____
 Walk-In Private Employment Agency Referred by N&M Employee _____

Have you ever been trained in Hazardous Materials handling? Yes No
 Have you ever provided driving services to N&M Transfer? Yes No When? _____
 Have you ever applied for employment with N&M Transfer? Yes No When? _____
 Have you ever been employed with N&M Transfer before? Yes No When? _____

MILITARY SERVICE RECORD Have you ever served in the U.S. armed forces? Yes No
 Branch: Army Navy Air Force Marines National Guard Reserves
 Have you ever been rejected by the military? Yes No If yes, explain: _____
 Dates of Service: From _____ To _____ Current duty status: Active Inactive Discharged
 Highest Rank Achieved _____ Rank at Discharge _____ Type of Discharge _____
 Have you ever been court martialled, or received non-judicial punishment? Yes No Explain _____

EDUCATION - Circle highest year completed.
 Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
 Do you have: High School Diploma Yes No G.E.D. (Graduate Equivalency Diploma) Yes No
 List any training program presently attending or completed (truck driving schools, service schools, etc.):

		From _____ To _____
School Name	Phone	
		From _____ To _____
School Name	Phone	

PERSONAL HISTORY FOR PAST 10 YEARS

Begin with your present experience and work backward in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment and unemployment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks. Leave NO blanks or gaps in time for the past 10 years. Application cannot be processed without phone numbers.

Period of unemployment (if any) Dates: from (Month/Year) _____ To _____

Dates: From: To:	Position Held
Company	Gross Avg. Weekly Earnings
Address	Reason for Leaving
City State Zip Code	If Experienced, Type of Trailer Pulled
Telephone ()	Type of Equipment Driven
Supervisor	Number of Accidents Total Miles
Full or Part-Time Hours or Miles/Week	States/Regions You Drove In

★ May we contact your present employer (if any) to verify your work record? Yes No

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MOTOR VEHICLE LICENSES

List **all** driver licenses held in the past 5 years (include multiple licenses if you have them):

State	License Number	Class	Endorsements	Expiration Date

ACCIDENT RECORD (If none, write none)

List **all** accident involvements with any vehicle for the past 5 years (even if not at fault):

Date	Type Vehicle	Nature of Accident (Head-on, Rear-end, Etc.)	Were you at fault?	Were you ticketed?	Number of Fatalities	Number of Injuries	Amount of Property Dmg.

TRAFFIC CONVICTIONS (If none, write none)

List **all** traffic convictions and forfeitures for the past 5 years (in any motor vehicle, other than parking violations):

Date	Location (State)	Violation (if speeding, show rate of speed)	Penalty/Amt. of fine

	Yes	No	Date(Month/Year)
Do you have a current Federal Medical Examination Card?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been fired from a job?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been convicted of a felony, or are any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been convicted for driving while under the influence of alcohol, a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been convicted for possession, sale or transfer of a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been refused any type of insurance or been denied bonding?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you currently engaged in the illegal use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you answered YES to any of the above, please explain: _____			

REFERENCES

List two people able to verify employment and personal history, such as co-workers, customers, friends, or neighbors. Do **NOT** use relatives or former employers.

Name _____	City _____	State _____	How long have you known him/her? _____
Telephone (_____) _____	Place of Employment _____	Occupation _____	
Name _____	City _____	State _____	How long have you known him/her? _____
Telephone (_____) _____	Place of Employment _____	Occupation _____	

PHYSICAL REQUIREMENTS FOR POSITION

All applicants must meet the D.O.T. physical qualification requirements, which are as follows:

No loss of foot, leg, hand, arm (unless the DOT has waived this requirement).

No impairment of:

- a hand or finger that interferes with prehension or power grasping.
- an arm, foot or leg that interferes with the ability to perform normal tasks associated with operating a motor vehicle (unless the DOT has waived this requirement).

No established medical history or current clinical diagnosis of:

- diabetes mellitus currently requiring insulin for control.
- epilepsy or any other condition likely to cause loss of consciousness or any loss of ability to control a motor vehicle.

No established medical history or clinical diagnosis of any of the following likely to interfere with the ability to control, operate or drive a motor vehicle safely:

- respiratory dysfunction.
- rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease.

No current clinical diagnosis of:

- myocardial infarction (heart attack).
- angina pectoris (chest pain).
- coronary insufficiency (decrease in blood flow through the coronary blood vessels).
- thrombosis (blood clots).
- any other cardiovascular disease known to be accompanied by syncope (fainting), dyspnea (shortness of breath), collapse or congestive heart failure.
- high blood pressure likely to interfere with the ability to operate a motor vehicle safely.
- alcoholism.

No use of a Schedule I drug, an amphetamine, narcotic, or any other habit-forming drug except prescribed drugs that do not interfere with the ability to drive.

No mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the ability to operate a motor vehicle safely.

IF YOU DO NOT MEET THE ABOVE PHYSICAL REQUIREMENTS YOU WILL NOT BE ABLE TO DO THE JOB FOR WHICH YOU ARE APPLYING.

Are you physically able, with or without accommodation:

	YES	NO
- to operate a commercial motor vehicle for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
-to move freight weighing up to 75lbs. per piece from floor level to floor level a distance of up to 48 feet for extended periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
-to climb in and out of a tractor and trailer, 4 to 6 feet 10 to 30 times per day?	<input type="checkbox"/>	<input type="checkbox"/>
- to reach above shoulder level with both arms to load and unload freight for extended periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
- to correspond with dispatchers?	<input type="checkbox"/>	<input type="checkbox"/>
- to complete written logs and expense reports?	<input type="checkbox"/>	<input type="checkbox"/>
- to conduct pre-trip inspections of a tractor and trailer?	<input type="checkbox"/>	<input type="checkbox"/>
- to fuel and perform preventative maintenance on a tractor and trailer?	<input type="checkbox"/>	<input type="checkbox"/>

TO BE READ AND SIGNED BY APPLICANT:

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

By completing this application, I:

- authorize N&M Transfer Co., Inc., (Employer) or its agent to investigate my background, character, general reputation and prior employment by contracting my employers, references or any other individuals Employer considers necessary,
- authorize Employer, my prior employers, references and any other individuals contacted by Employer to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;
- acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause;
- acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employer's evaluation procedures and authorize release of my results to Employer and Employer's use of those results in deciding whether I should be offered employment;
- acknowledge and agree that evidence of illegal drug use during my employment will be grounds for immediate termination without recourse;
- certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge;
- agree that, if any of the information provided in this application changes, I will immediately provide Employer with new and updated information;
- agree that providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

This application is current for only (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date _____ / _____ / _____

**CONSUMER REPORT DISCLOSURE & RELEASE
(EMPLOYMENT)**

DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Print Applicant Name

Applicant Signature

Social Security Number

Date

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
 (California applicants only)

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Sign on N&M Vehicle | <input type="checkbox"/> N&M Transfer Website | <input type="checkbox"/> Career Builder Online | <input type="checkbox"/> Radio Station _____ |
| <input type="checkbox"/> School | <input type="checkbox"/> Brochure | <input type="checkbox"/> Billboard | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Govt. Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Referred by N&M Employee _____ | |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone (____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

MALE FEMALE

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic | |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Vietnam Vet. | <input type="checkbox"/> Disabled Vet. |

For Administrative Use Only

Position(s) applied for Available Not available

Other positions considered for _____

Hired Yes No

Position Hired for _____ Date of Hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____