

# APPLICATION FOR EMPLOYMENT

\*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, no-job related disability, or any other protected group status.

Position Applied for \_\_\_\_\_ Date Applied \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age?  YES  NO

*LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 10 YEARS (use reverse side if additional space needed)*

Current Address \_\_\_\_\_  
Street City  
 \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ How Long? \_\_\_\_\_  
ST Zip YR./MO.

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City ST Zip YR./MO.  
 \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City ST Zip YR./MO.

Do you have the legal right to work in the United States?  YES  NO

Have you worked for this company before?  YES  NO Where? \_\_\_\_\_

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

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

Are you employed?  YES  NO If not, how long since leaving last employment? \_\_\_\_\_

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

Have you ever been bonded?  YES  NO Name of bonding Company? \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO If yes, please explain \_\_\_\_\_

\*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 job for which you are applied?  YES  NO

If yes, please explain: \_\_\_\_\_

Job may require lifting, can you lift 70 lbs?  YES  NO If no, please explain: \_\_\_\_\_

## COMPANY USE ONLY

Interviewed by \_\_\_\_\_ Hired  YES  NO Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Rejected  YES  NO If yes, explain \_\_\_\_\_

## EMPLOYMENT HISTORY

Form 1.A  
(REV 6/07)

EMPLOYER			DATE	
Name			FROM MO.    YR.	TO MO.    YR.
Address			POSITION HELD	
City	State	Zip	SALARY/WAGE	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			Phone Number :	

EMPLOYER			DATE	
Name			FROM MO.    YR.	TO MO.    YR.
Address			POSITION HELD	
City	State	Zip	SALARY/WAGE	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			Phone Number :	

EMPLOYER			DATE	
Name			FROM MO.    YR.	TO MO.    YR.
Address			POSITION HELD	
City	State	Zip	SALARY/WAGE	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			Phone Number :	

EMPLOYER			DATE	
Name			FROM MO.    YR.	TO MO.    YR.
Address			POSITION HELD	
City	State	Zip	SALARY/WAGE	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			Phone Number :	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## 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)

## EXPERIENCE AND QUALIFICATIONS

Show and trucking, transportation or other experience that may help in your work for this company

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List courses and training other than shown elsewhere in this application

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List special equipment or technical materials you can work with (other than those already shown)

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**\*\*\*\*\* DRIVER APPLICANTS ONLY \*\*\*\*\***

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE IF NONE, WRITE NONE**

	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZ-MAT SPILL
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

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

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
<b>DRIVER LICENSES</b>				

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 \_\_\_\_\_

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**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		NO. OF MILES
		FROM(M/Y)	TO(M/Y)	
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
Tractor – Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
Tractor – Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
Motorcoach – School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO				
Motorcoach – School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO				
Other				

List states operated in for last five years: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

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 an 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 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, also, that I am required to abide by all rules and regulations of Accelerated, Inc.

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 resend the corrected information to Accelerated, Inc. ; 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.

**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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_