



## Application for Employment

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Rate of pay expected?			
Position Applied for										
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Have you ever worked for Columbus?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?					
Reason for leaving:					Position:					
Names of any relatives employed by this company:										
Are you currently employed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, how long since leaving last employment?					
EDUCATION										
High School				Address						
From	To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
College				Address						
From	To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
Other				Address						
From	To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
GENERAL										
Have you ever been bonded?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Name of bonding company					
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain fully on separate sheet. Conviction is not an automatic bar to employment.					
Have you ever worked for this company under another name?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, what name?					
DRIVER EXPERIENCE AND QUALIFICATION										
Date of Birth				U.S. Department of Transportation requires that driver applicants state their date of birth. (S391.21.(b)(2))						
Drivers License #										

Drivers Licenses held in past 3 years must be shown	State	Class	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. Has any license, permit, or privilege ever been suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered "YES" to A, B, C, attach a statement giving details.

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers- LVC's				
Other				

List States operated in during last five years:	
List special courses or training that will help you as a driver:	
List driving awards held and who awards were presented by:	

**ACCIDENT REVIEW FOR PAST 3 YEARS**

Dates	Nature of Accident (Head-on, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS**

Location	Date	Charge	Penalty

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. S391.21(b)(10),(11)

Start with last or current position, including military experience, and work back. Attach a separate sheet of paper in necessary.

<b>PREVIOUS EMPLOYMENT</b>					
Company			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

#### **DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date