

DRIVERS APPLICATION

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ OTHER PHONE NUMBER \_\_\_\_\_

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 EVER BEEN EMPLOYED BY THIS OR AN AFFILIATED COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

IF HIRED, WHEN CAN YOU START? \_\_\_\_\_ DESIRED SALARY? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF NOT HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_

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. 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.

NAME OF EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE# \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ MAY WE CONTACT THEM? \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE# \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ MAY WE CONTACT THEM? \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE# \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ MAY WE CONTACT THEM? \_\_\_\_\_

EDUCATION

CIRCLE HIGHEST GRADE COMPLETE: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE OR TECH: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
NAME CITY STATE

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES:

STATE \_\_\_\_\_ LICENSE# \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

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STATE \_\_\_\_\_ LICENSE# \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE: IF NONE, WRITE NONE

CLASS OR EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. MILES (TOTOAL)
		FROM	TO	
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR & SEMI-TRAILER _____	_____	_____	_____	_____
TRACTOR-TWO TRAILERS _____	_____	_____	_____	_____
MOTORCOACH-SCHOOL BUS _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

LIST STATES OPERATED FOR THE LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MY HELP IN YOUR WORK FOR L & L MANUFACTURED COMPONENTS \_\_\_\_\_

LIST COURSES & TRAINING OTHER THAN SHOWN IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

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. 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 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. CONDITION FOR EMPLOYMENT IS A MANDATORY PRE-EMPLOYMENT DRUG SCREEN. THE COST WILL BE PAID BY THE PROSPECTIVE EMPLOYEE UP FRONT AND WILL BE REIMBURSED WITH IN TWO WEEKS OF EMPLOYMENT WITH A NEGATIVE RESULT. A POSITIVE TEST WILL RESULT IN IMMEDIATE TERMINATION.

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DATE

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APPLICANTS SIGNATURE