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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DRIVER APPLICATION FOR EMPLOYMENT** | | | | | | | | | | | | | **Cartrex Trucking** 2176 Coventry Court Gulfport, Mississippi 39501 | | | | | | | | | | | | | |
| *Applicants are considered without regard to race, creed, color, sex, age, national origin or disability.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | | | SOCIAL SECURITY NO. | | | | | | | | | | | DATE | | | | | | | | |
| John Smith | | | | | | | | <Social Security No.> | | | | | | | | | | | mm/dd/yyyy | | | | | | | | |
| PHONE (HOME) | | | PHONE (MOBILE) | | | | | EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | |
| <Phone Home> | | | <Phone Mobile> | | | | | johnsmith@domain.com | | | | | | | | | | | | | | | | | | | |
| Address (Starting with the Current and the last 3 addresses) | | | | | | | | | | | | | | | | | | | Period | | | | | | | | |
| <Current Address> | | | | | | | | | | | | | | | | | | | <YYYY> | | | | | | | Present | |
| <Previous Address> | | | | | | | | | | | | | | | | | | | <YYYY> | | | | | | | <YYYY> | |
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|  | | | | | | | | | | | | | | | | | | |  | | | | | | |  | |
| In case of emergency, notify | | | | Karen Smith | | | | | | | | | | | Contact Number: | | | | | | <Contact No.> | | | | | |
| Position Applying: | | | | School Bus Driver | | | | | | | | | | Expected Salary:: | | | | | | | $850/month | | | | | |
| Have you worked for this company before?  Yes  No | | | | | | | | | | | | | | If Yes, what years | | | | | | | <yyyy> - <yyyy> | | | | | |
| Are you currently employed?  Yes  No | | | | | | | | | If Yes, when will you be available? | | | | | | | | | | | | mm/dd/yyyy | | | | | |
| Are you prevented from lawful employment in this country because of immigration status?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony, misdemeanor or criminal violation?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DRIVER'S LICENSE INFORMATION** (This information will be verified) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVER'S LICENSE NO. | | | | | STATE | | | | | | EXPIRATION DATE | | | | | | | | | LICENSE TYPE | | | | | | |
| <Driver's License No.> | | | | | <State> | | | | | | mm/dd/yyyy | | | | | | | | | <License Type> | | | | | | |
| **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your highest educational attainment? | | | | | | | College Graduate | | | | | | | | | Completed On: | | | | | | | mm/dd/yyyy | | | | |
| Do you have full knowledge of the Federal Motor Career Safety Regulation?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **DRIVING EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Type of Equipment** | | | | | | | | | **No. of Years** | | | | | | **States You Have Driven In** | | | | | | | | | | |
| Tractor |  | | | | | | | | |  | | | | | |  | | | | | | | | | | |
| Truck |  | | | | | | | | |  | | | | | |  | | | | | | | | | | |
| Trailer |  | | | | | | | | |  | | | | | |  | | | | | | | | | | |
| Truck |  | | | | | | | | |  | | | | | |  | | | | | | | | | | |
| Bus | School Bus Type C | | | | | | | | | 6 years | | | | | | California | | | | | | | | | | |
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| **ACCIDENT RECORD LAST 3 YEARS** (This information will be verified) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | **Nature of Accident** | | | | | | | | | | | | | | **No. of Fatalities** | | | | | | | | **No. of Injures** | | |
| None | |  | | | | | | | | | | | | | |  | | | | | | | |  | | |
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| **TRAFFIC CONVICTIONS LAST 3 YEARS OTHER THAN PARKING** (This information will be verified) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | **Violation** | | | | | | | | | | **State** | | | | | | | | | | | | **Penalty** | | |
| None | |  | | | | | | | | | |  | | | | | | | | | | | |  | | |
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| *I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous may be ground for dismissal.* | | | | | |  | | | | | | | | | | |  | | | | | mm/dd/yyyy | | | | |
|  | | | | | | | | | | | |  | | | |
| SIGNATURE | | | | | | | | | | | |  | | | | DATE | | | | |