



APPLICATION FOR EMPLOYMENT DOT APPLICATION FOR TRUCK DRIVERS

Motor Carrier: _____

Address: _____

City: _____ State: _____ Zip: _____

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job related disability.

Date of Application: _____ Position(s) Applied For: _____

Name: _____ Social Security Number: _____
Last First M.I.

Address: _____ Apt. #, Lot #, etc.
Street

City _____ State _____ Zip _____ Phone: _____

E-mail: _____

CDL Number/State of Issuance _____

Addresses) _____ How Long? _____
for past) Street City State & Zip
three (3))
years:) _____ How Long? _____
Street City State & Zip

Do you have the legal right to work in the United States? Yes No
Only U.S. Citizens or aliens who have the legal right to work in the U.S.
are eligible for employment. Can you, upon employment, submit
documentation verifying your legal right to work in the U.S. and your identity?

Have you ever been convicted of a felony? Yes No
Note: A conviction will not necessarily disqualify you from employment.
If "YES", complete the "Felony Conviction" form which can be obtained from
your potential On-Site Supervisor.

Are you over 18 years of age? Yes No

Date of Birth: _____ Can you provide proof of age? Yes No
Required for truck drivers

IMPORTANTIN CASE OF EMERGENCY, NOTIFY:

Name:	Telephone Number:	Relationship:
Name:	Telephone Number:	Relationship:

EDUCATION DATA:

School	Print name of school, city, state & phone number for each school	Number of Years Completed	Degree	Major Course of Study

Skills: List any job-related skills, qualifications, education or information that support your application:

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? Yes No

If "YES", identify name(s) and relevant dates: _____

Have you worked for this company before? Yes No

Where? _____ Dates: From: _____ To: _____

Position: _____ Rate of Pay: \$ _____ / per _____

Reason for leaving: _____

Have you ever filed an application here before? Yes No

If "YES", give date: _____

Are you now employed? Yes No

If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been dismissed or forced to resign from any employment? Yes No

If "YES", please explain: _____

May we contact your present employer? Yes No

May we contact your previous employer(s)? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

Are you a veteran of the U.S. Military Services? Yes No

If "YES", what branch of Service? _____

Beginning date and ending date of active service: From: _____ (year/month) To: _____ (year/month)

Date of discharge from Military Service: _____

Do you have transportation to work? Yes No

Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No

If "YES", explain: _____

Are you on a layoff? Yes No

Are you subject to recall? Yes No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes No

If "YES", explain if you wish: _____

PERSONAL REFERENCES:

List three persons not related to you whom you have known at least one year:

NAME	ADDRESS & TELEPHONE NUMBER	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EMPLOYMENT HISTORY MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years (7) information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary).

EMPLOYER: **MUST BE 10 YR WORK HISTORY& NO GAPS IN DATES**	DATE:
NAME:	From: Mo. Yr. To: Mo. Yr.
ADDRESS:	POSITION HELD:
CITY:	SALARY/WAGE: \$
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER:	DATE:
NAME:	From: Mo. Yr. To: Mo. Yr.
ADDRESS:	POSITION HELD:
CITY:	SALARY/WAGE: \$
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER:	DATE:
NAME:	From: Mo. Yr. To: Mo. Yr.
ADDRESS:	POSITION HELD:
CITY:	SALARY/WAGE: \$
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Includes vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSR) 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 lbs. or more; (2) is designed or used to transport nine (9) or more passengers; or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATE	DETAILS	FATALITIES	INJURIES
LAST ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILER				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

WHICH SAFE OPERATING AWARDS DO YOU HOLD AND FROM WHOM? _____

MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

NOTICE TO APPLICANT

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

PeopLease/PLC Services provides a smoke-free work environment for its employees.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in the termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or myself.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than the Employer's two Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

TO BE READ AND SIGNED BY ALL 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 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 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.

Date

Applicant's Signature

*This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond **thirty** (30) days should reapply.*

This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, religion, national origin, disability, veteran or marital status, or any other status or condition protected by applicant's federal or state statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER: _____ Date: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED

VOLUNTARY QUIT

OTHER [EXPLAIN]: _____

TERMINATION REPORT PLACED IN PERSONNEL FILE

COPY OF TERMINATION REPORT SENT TO PEOPLELEASE / PLC SERVICES, INC.

SUPERVISOR SIGNATURE: _____ DATE: _____

PRINTED NAME OF SUPERVISOR: _____

Information Request from Previous Employer/Carrier

FROM: Chief Express, LLC
 236 North Broad St
 Seagrove, NC 27341
Phone: 336-873-1100 x244
FAX#: 336-873-9219

PAST EMPLOYER'S NAME:

APPLICANT'S NAME:

SSN#

You are hereby authorized to give Chief Express & Logistics, LLC (Chief) all information regarding my services, character, and conduct while in your employ, and you are released from any liability, which may result from giving such information. In order to enable Chief to comply with the requirements of 49 CFR 391.23 and 382.413, I hereby consent Chief to obtain from my prior employers the information pertaining to me. I also authorize the specific release of information they are required to maintain by 49 CFR 382.401 (b) (I) (1) through (iii) regarding alcohol/substance abuse tests. I hereby authorize and direct my prior employers to release such information to Chief in personal interviews, telephone interviews, letters, or any other material that insures confidentiality. I hereby authorize Chief to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decision with respect to it.

Applicant Signature		Date	
Type of Work	Equipment Operated	Areas Driven	Commodities Hauled
<input type="checkbox"/> Company Driver	<input type="checkbox"/> Dry Van	<input type="checkbox"/> 48 states	<input type="checkbox"/> General
<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Reefer	<input type="checkbox"/> Northeast	<input type="checkbox"/> Bulk
<input type="checkbox"/> Driver for O/O	<input type="checkbox"/> Containers	<input type="checkbox"/> Mid-Atlantic	<input type="checkbox"/> Hazardous
<input type="checkbox"/> Trip Leaser	<input type="checkbox"/> Tankers	<input type="checkbox"/> Midwest	<input type="checkbox"/> Household
<input type="checkbox"/> Second Seat	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Southeast	<input type="checkbox"/> Oversized Loads
<input type="checkbox"/> Trainee	<input type="checkbox"/> Specialized Trailer	<input type="checkbox"/> Southwest	<input type="checkbox"/> Steel
<input type="checkbox"/> Casual	<input type="checkbox"/> Other _____	<input type="checkbox"/> Local	<input type="checkbox"/> Refrigerated
<input type="checkbox"/> Non-Driving		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Was the applicant involved in any accidents while in your employ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain.						
Date	Nature of Accident	Prev	Non-Prev	DOT	Injuries/Fatalities	Cost
Comments						

REQUEST FOR DRUG/ALCOHOL RESULTS

Based upon a review of your company's drug and alcohol test records:	Yes	No
Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past (2) years?		
Has this individual had a controlled substance test with a positive result in the past (2) years?		
Has this individual refused (includes verified adulterated or substituted results) a controlled substance test and/or alcohol test within the past (2) years?		
Has this individual violated other DOT drug/alcohol regulations in the past (2) years?		
Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past (2) years?		

When did this individual work for your company?		From:	To:
Reason for leaving:	<input type="checkbox"/> Resigned <input type="checkbox"/> Abandonment <input type="checkbox"/> No Show <input type="checkbox"/> Quit under Dispatch <input type="checkbox"/> Terminated/Disqualified <input type="checkbox"/> Laid Off		
Eligibility for rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Upon review Other comments _____		

Verified by (Signature) _____ Title: _____ Date: _____
 Company Name _____ Address _____

REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to Associated Petroleum Products, Inc. for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant Name (printed) _____ Applicant Signature _____

Applicant S/S # _____ Date _____

MAIL TO:

Dear Sir/Madam:

The above named individual has made application to this company for a position as a Truck Driver and states that s/he was employed by you as a _____ from ____/____/____ to ____/____/____. We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Or you may return by fax to: 253-590-0866. Thank you for your courtesy.

Sincerely,

Anna Ross, PHR
Human Resources Manager

Applicant Name on File: _____ Social Security Number: _____

1. Employed from ____/____/____ to ____/____/____ as _____ at a wage or salary of _____.
2. Did s/he drive a motor vehicle for you? _____ Straight Truck? _____ Tractor-Semi trailer? _____
Bus? _____ Other (Specify) _____
3. Was s/he a safe and efficient driver? _____
4. Reason for leaving your employ: Discharge _____ Resignation _____ Lay Off _____ Military Duty _____
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for the past three years _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check mark in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Is this person eligible for rehire? ☐ Yes ☐ No ☐ Upon Review

Please explain:

Any other remarks

Signature: _____ Title _____

Print Name: _____ Date: _____

For Prospective Employer's Record
Maintain this information in the Driver Qualification File for
three (3) years after the person's employment by the motor carrier ceases.