

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding seven (7) years. List complete mailing address, street number, city, state and zip code.
List employers in reverse order, starting with the most recent. Add another sheet if necessary.

EMPLOYER	DATE
Name	From _____ To _____
Address	Position _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____ Phone _____	Reason for Leaving _____

EMPLOYER	DATE
Name	From _____ To _____
Address	Position _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact Person _____ Phone _____	Reason for Leaving _____

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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) _____

ACCIDENT RECORD (for past three (3) years) (Attach sheet if more space is needed) If none, write "none".

DATES	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES
Last Accident _____			
Next Previous _____			
Next Previous _____			

TRAFFIC CONVICTIONS & FORFEITURES (for past three (3) years, other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE (If none, write "none".)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. # OF MILES (Total)
		From	To	
Straight Truck _____				
Tractor & Semi-Trailer _____				
Tractor--Two Trailers _____				
Motorcoach, School Bus _____				
Other _____				

List states operated in for last five (5) years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for Contractor's Supplies, Inc. _____

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) _____

DRIVERS LICENSES			
STATE	LICENSE #	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

(If the answer to either of the above is "yes", attach statement giving details.)

TO BE READ AND SIGNED BY APPLICANT	
<p>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, driving and/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, school, 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 Contractor's Supplies, Inc.</p>	
Applicant's Signature _____	Date _____

PROCESS RECORD <i>For Office Use Only</i>	
Applicant Hired _____	Rejected _____
Date Employed _____	Point Employed _____
Department _____	Classification _____
If rejected, summary report of reasons should be placed in file	

	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 _____

TRANSFERS	
From: _____ To: _____	From: _____ To: _____
Date: _____	Date: _____
Reason for transfer _____	Reason for transfer _____
From: _____ To: _____	From: _____ To: _____
Date: _____	Date: _____
Reason for transfer _____	Reason for transfer _____

TERMINATION OF EMPLOYMENT	
Date Terminated _____	Department Released From _____
Dismissed _____	Voluntary Quit _____ Other _____
Termination Report Placed in File _____	Supervisor _____