



**DRIVER**  
**APPLICATION FOR EMPLOYMENT**  
**Fox Hauling & Construction Inc.**  
**Macadam Trucking LLC.**



(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City State Zip Code

Phone Number (\_\_\_\_\_) \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Code

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 worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay expected \_\_\_\_\_

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)? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

## EMPLOYMENT HISTORY

Applicants to drive a commercial motor vehicle in intrastate commerce shall provide an additional 7 years' 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			DATE				
Name:			From :	Mo	Yr	To: Mo	Yr
Address:			Position Held:				
City:			State:		Zip:		Salary Wage:
Contact Person:			Phone Number:		Reason for Leave:		

EMPLOYER			DATE			
Name:			From : Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City:	State:	Zip:	Salary Wage:			
Contact Person:			Reason for Leave:			
Phone Number:						

EMPLOYER			DATE				
Name:			From :	Mo	Yr	To: Mo	Yr
Address:			Position Held:				
City:			State:		Zip:		Salary Wage:
Contact Person:			Phone Number:		Reason for Leave:		

EMPLOYER			DATE				
Name:			From :	Mo	Yr	To: Mo	Yr
Address:			Position Held:				
City:			State:		Zip:		Salary Wage:
Contact Person:			Phone Number:		Reason for Leave:		

EMPLOYER			DATE			
Name:			From : Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City: State: Zip:			Salary Wage:			
Contact Person: Phone Number:			Reason for Leave:			

EMPLOYER			DATE			
Name:			From : Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City: State: Zip:			Salary Wage:			
Contact Person: Phone Number:			Reason for Leave:			

EMPLOYER			DATE			
Name:			From : Mo	Yr	To: Mo	Yr
Address:			Position Held:			
City: State: Zip:			Salary Wage:			
Contact Person: Phone Number:			Reason for Leave:			

Accident Record for Past 3 years or more (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 and Forfeitures for the Past 3 years (other than parking violations). If none, write none.

Location	Date	Charge	Penalty

(Attach Sheet if more space is needed)

#### EDUCATION

Circle Highest Grad 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)

#### EXPERIENCE AND QUALIFICATION – 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 EXPERINECE (If none, Write none.)

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 Trailers				
Tri-axle				
Quad-axle				
Other				

List states operated in for 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 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): \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that I completed this application, 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

**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