



Driver Application for Employment

Name:

(First)

(Middle)

(Last)

Social Security No.: _____

Date of Birth: _____

Phone: (____) _____

Emergency Contact: (____) _____

Relationship: _____

To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. **Company names, addresses, phone numbers, and name of person to contact.**
2. **All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.**
3. **All tickets listed in all states and in all vehicles in the last three (3) years.**
4. **Beginning and ending dates of employment, self-employment or unemployment (month/year).**
5. **Current and previous three years residential addresses.**

DRIVER SELECTION STANDARDS

BOESDORFER TRUCKING INC. selection standards and requirements for hiring drivers include:

1. Must live within the BOESDORFER TRUCKING INC. hiring area.
2. Must be at least 23 years old and have at least 24 months verifiable experience.
3. Must have CDL License with Hazardous Material endorsement issued by the state in which you reside.
4. Must be able to meet all applicable D.O.T. regulations
5. Pass D.O.T. physical administered by BOESDORFER TRUCKING INC. company doctor at BOESDORFER TRUCKING INC. expense.
6. No license suspension for moving violations in the past 3 years.
7. No B.A.Cs, D.U.I.s or D.W.Is in the past ten (10) years.
8. Must pass pre-employment drug test.
9. Must have and maintain neat, clean appearance.
10. Must be able to meet all legal requirements to drive a commercial truck in both USA and Canada.
11. Must be able to meet BOESDORFER TRUCKING INC. work attendance/availability requirements.
12. With regard to preventable motor vehicle accidents and moving violations, BOESDORFER TRUCKING INC. reserves the right to judge each applicant on an individual basis.



The following tasks are required to perform the essential responsibilities of this position. Please answer the following:

- Yes No Get in and out of a semi-truck?
- Yes No Get in and out of a semi-trailer?
- Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes No Raise and lower trailer dollies when under a load?
- Yes No Apply enough pressure to release fifth wheel pin?
- Yes No Apply enough force to open and close semi-trailer doors?
- Yes No Repeatedly lift and carry cargo weighing up to 70 lbs. per item?
- Yes No Sit stationary in a driver's seat for long periods of time?
- Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify this application.

I have read and agree to the standards presented above.

X _____
SIGNATURE **DATE**

Are you 23 years or older? Yes No

Do you have a legal right to live and work in the U.S.? Yes No

Are you a US Citizen? Yes
 No

Have you ever been convicted of a Felony? Yes No

Are you familiar with the Motor Carrier Safety Regulation? Yes No

Do you have at least a total of 2 years of over the road experience or completed driving school with 1 year over the road experience? Yes No

Have you ever had your driver's license suspended? Yes No If yes,
 when? _____

Have you ever had your driver's license revoked? Yes No If yes,
 when? _____

Have you ever tested positive on a drug or alcohol test? Yes No If yes,
 when? _____

Have you ever refused a drug or alcohol test? Yes No If yes,
 when? _____

Have you worked BOESDORFER TRUCKING INC. before?
 Yes No If yes, when? _____

Have you previously applied for employment with BOESDORFER TRUCKING INC.?



Yes No If yes, when? _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes No If yes, when? _____

Have you ever been convicted of any alcohol related driving offense?

Yes No If yes, when? _____

Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance?

Yes No If yes, when? _____

Current and Three Years Previous Addresses:

Current Address:

_____ City: _____ State: _____ Zip Code: _____

_____ How Long: Years _____ Months: _____

Previous Address:

_____ City: _____ State: _____ Zip Code: _____

_____ How Long: Years _____ Months: _____

Previous Address:

_____ City: _____ State: _____ Zip Code: _____

_____ How Long: Years _____ Months: _____

Previous Address:

_____ City: _____ State: _____ Zip Code: _____

_____ How Long: Years _____ Months: _____



LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CITATIONS

Preventable and Non-preventable traffic convictions and forfeitures for the past three (3) years
Truck and Car (other than parking violations; if none, write "none")

DATE	LOCATION (STATE)	CHARGE	PENALTY

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years. List all involvement with truck and car including property damage, regardless of fault (if none, write none)

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES From / To	APPROX. NO. OF MILES (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor Two-Trailers			
Other			



EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last ten (10) years including all driving and non-driving full- and part-time employment, self-employment, military service, and any periods of unemployment. Use another sheet of paper if necessary.

Are you presently employed? Yes No
May we call your current employer? Yes No

Current/Most Recent Work History:

Name: _____

Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____

From: _____ To: _____

Reason for Leaving: _____

Were you subject to the FMCSR's*? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Work History:

Name: _____

Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____



From: _____ To: _____

Reason for Leaving:

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name:

Phone: (____) _____

Address:

City: _____ State: _____ Zip Code: _____

Position Held: _____

From: _____ To: _____

Reason for Leaving:

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name:

Phone: (____) _____

Address:

City: _____ State: _____ Zip Code: _____

Position Held: _____

From: _____ To: _____



Reason for Leaving:

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name:

Phone: (____) _____

Address:

City: _____ State: _____ Zip Code: _____

Position Held: _____

From: _____ To: _____

Reason for Leaving:

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name:

Phone: (____) _____

Address:

City: _____ State: _____ Zip Code: _____

Position Held: _____

From: _____ To: _____

Reason for Leaving:



Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name:

Phone: (____) _____

Address:

City: _____ State: _____ Zip Code: _____

Position Held: _____

From: _____ To: _____

Reason for Leaving:

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name:

Phone: (____) _____

Address:

City: _____ State: _____ Zip Code: _____

Position Held: _____

From: _____ To: _____

Reason for Leaving:



Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

*If you need additional space for previous employers please ask any BOESDORFER TRUCKING INC. employee for assistance.

EDUCATION

High School: 1 2 3 4

College: 1 2 3 4

List any other training or schools:

Truck Driving School: _____

Did you graduate? Yes No When? _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____



AFFIDAVIT
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report from a Consumer Reporting Agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the Consumer Reporting Agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature:

Date: