DRIVER'S APPLICATION FOR EMPLOYMENT

457 Flat Shoals Ave., SE, Suite 2, Atlanta, GA 30316

Applicant Name: _____ Date of Application: _____

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

TO BE READ AND SIGNED BY THE 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 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

Applicant: ☐ Hired or ☐ Rejected **Date Employed:** _____ **Point Employed:** _____

Department: _____ **Classification:** _____

(If rejected, summary report if reasons should be placed in file)

Signature of Interviewing Officer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ **Department Released From:** _____

Dismissed: _____ **Voluntarily Quit:** _____

Records Filed? ☐ Yes ☐ No **Supervisor:** _____

	RANKING	WRITTEN RECORD ON FILE
1) Application	☐ SUPERIOR ☐ GOOD ☐ FAIR BELOW AVE. ☐ POOR	☐ Yes ☐ No
2) Interview	☐ SUPERIOR ☐ GOOD ☐ FAIR BELOW AVE. ☐ POOR	☐ Yes ☐ No
3) Past Employment	☐ SUPERIOR ☐ GOOD ☐ FAIR BELOW AVE. ☐ POOR	☐ Yes ☐ No
4) Written Exam	☐ SUPERIOR ☐ GOOD ☐ FAIR BELOW AVE. ☐ POOR	☐ Yes ☐ No
5) Road Test	☐ SUPERIOR ☐ GOOD ☐ FAIR BELOW AVE. ☐ POOR	☐ Yes ☐ No
6) Criminal & Traffic Convictions	☐ SUPERIOR ☐ GOOD ☐ FAIR BELOW AVE. ☐ POOR	☐ Yes ☐ No

SIGNATURE OF INTERVIEWING OFFICER: _____

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APPLICANT TO COMPLETE

(answer all questions- please print)

Position(s) Applied for: _____

Name: _____ (Last) _____ (First) _____ (Middle)

_____ (Social Security Number) _____ (Phone)

List your addresses of residency for the past 3 years.

Current Address: _____ (Street) _____ (City) _____ (State/ Zip) How long? ____ yrs. ____ mo.

Previous Addresses:

_____ (Street) _____ (City) _____ (State/ Zip) How long? ____ yrs. ____ mo.

_____ (Street) _____ (City) _____ (State/ Zip) How long? ____ yrs. ____ mo.

_____ (Street) _____ (City) _____ (State/ Zip) How long? ____ yrs. ____ mo.

Do you have the legal right to work in the Unites States? ☐ Yes ☐ No

Date of Birth: ____/____/____ (required for commercial drivers) Can you provide proof of age? ☐ Yes ☐ No

Have you worked for this company before? ☐ Yes ☐ No Where?

Dates: ____/____/____ to ____/____/____ Rate of Pay: _____ Position: _____

Reason for Leaving? _____

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 bonded? ☐ Yes ☐ No
(answer only if a job requirement)
Name of Bonding Company: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No **If yes, please explain in full on a separate sheet of paper.**

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.

_____

_____

_____

Lewis Contracting Services, LLC

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EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide and 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 LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ Yes ☐ No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ Yes ☐ No				

EMPLOYER			DATE	
NAME:			FROM: MO. YR.	TO: MO. YR.
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/ WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ Yes ☐ No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ Yes ☐ No				

EMPLOYER			DATE	
NAME:			FROM: MO. YR.	TO: MO. YR.
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/ WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ Yes ☐ No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ Yes ☐ No				

EMPLOYER			DATE	
NAME:			FROM: MO. YR.	TO: MO. YR.
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/ WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRs+ WHILE EMPLOYED? ☐ Yes ☐ No				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ Yes ☐ No				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver),or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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+ The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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	INJUIRIES
LAST ACCIDENT:	____/____/____			
NEXT PREVIOUS:	____/____/____			
NEXT PREVIOUS:	____/____/____			

TRAFFIC CONVICTIONS AND FORFIETURES 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 GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGHSCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____

NAME CITY, STATE

EXPERIENCE AND QUALIFICATIONS- DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

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

B. Have any license, permit, or privilege been suspended or revoked? ☐ Yes ☐ No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: _____

_____

DRIVING EXPEREINCE. CHECK YES OR NO

CLASS OF EQUIPMENT		TYPE OF EQUIPMENT (VAN, TRUCK, FLAT, ETC)	DATE FROM	DATE TO	APPROXIMATE NO. OF MILES (TOTAL)
STRAIGHT TRUCK	☐ Yes ☐ No				
TRACTOR & SEMI-TRAILER	☐ Yes ☐ No				
TRCTOR & TWO TRAILERS	☐ Yes ☐ No				
MOTOR COACH – SCHOOL BUS (more than 8 passengers)	☐ Yes ☐ No				
MOTOR COACH – SCHOOL BUS (more than 15 passengers)	☐ Yes ☐ No				
OTHER:					

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

_____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO? _____

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)

_____