

EMPLOYMENT HISTORY

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

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also 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:		TO	
	MO.	Y R.	MO.	YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	
EMPLOYER			DATE	
NAME:	FROM:		TO	
	MO.	Y R.	MO.	YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	
EMPLOYER			DATE	
NAME:	FROM:		TO	
	MO.	Y R.	MO.	YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	
EMPLOYER			DATE	
NAME:	FROM:		TO	
	MO.	Y R.	MO.	YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	
EMPLOYER			DATE	
NAME:	FROM:		TO	
	MO.	Y R.	MO.	YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	
EMPLOYER			DATE	
NAME:	FROM:		TO	
	MO.	Y R.	MO.	YR.
ADDRESS:	POSITION HELD:			
CITY:	STATE:	ZIP:	SALARY/WAGE:	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle 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	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 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)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied, 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 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				
MOTORCOACH – SCHOOL BUS				
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

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 this 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

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 _____

DIMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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