

# DRIVER'S APPLICATION FOR EMPLOYMENT

## Preferred Transport and Distribution

504 Riverside Parkway  
Austell, Georgia 30168  
Phone – 800-437-7358  
Fax – 770-941-5031

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

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Date of application: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
Street city  
\_\_\_\_\_ How Long ? \_\_\_\_\_  
state zip code

Previous Address: \_\_\_\_\_  
Street city  
\_\_\_\_\_ How Long ? \_\_\_\_\_  
state zip code

Previous Address: \_\_\_\_\_  
Street city  
\_\_\_\_\_ How Long ? \_\_\_\_\_  
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 Truck Drivers)

Have you worked for this company before? \_\_\_\_\_ Where: \_\_\_\_\_

Date: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

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

Are you employed now: \_\_\_\_\_ If not, how long leaving last employer: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job for which you have applied?

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

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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 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 separate sheet if necessary.)

<b>Employer</b>	<b>Date</b>
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary:
Contact: Phone:	Reason for leaving

<b>Employer</b>	<b>Date</b>
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary:
Contact: Phone:	Reason for leaving

<b>Employer</b>	<b>Date</b>
Name:	From: To:
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Address:	Position Held:
City: State: Zip:	Salary:
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<b>Employer</b>	<b>Date</b>
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary:
Contact: Phone:	Reason for leaving

<b>Employer</b>	<b>Date</b>
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary:
Contact: Phone:	Reason for leaving

\*includes vehicles having a GVWR of 26,001 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	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

**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**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have your every been denied a license, permit or privilege to operate a vehicle?      Yes              No
- B. Has any license, permit or privilege ever been suspended or revoked?              Yes              No
- If the answer is YES, attached statement giving details

**Driving Experience**

Class of Equipment	Type of Equipment	Date: From	To	Approx Miles Driven
Straight Truck_____				
Tractor and Semi-Trailer_____				
Tractor and Two Trailers_____				
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? \_\_\_\_\_

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 inquire of personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires 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.

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(date)

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(applicant's signature)