

Driver's Application for Employment

Commercial Disposal 782 Smyrna Hill Drive, Smyrna, GA 30082

Position(s) Applied for: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Application: _____ Social Security #: _____

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.

To Be Read and Signed by the Applicant

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 had 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 Commercial Disposal.

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

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employer(s) and for those previous employer(s) to re-send the corrected information to the prospective employer; and
3. 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: _____

Commercial Disposal Inter-Company Use

Applicant Hired:	Date Employed:
Applicant Rejected:	Position:
Signature:	

Termination of Employment

Date Terminated:	Date Archived:
Terminated By:	Archived By:

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List your addresses of residency for the last 3 years.

	Street	City	State	Zip	How Long?
Current Address					
Home #	Cell #				

	Street	City	State	Zip	How Long?
Previous Address					
Previous Address					
Previous Address					

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
 (Required for CMV Drivers)

Have you worked for this company before? _____

If yes, 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? _____

Have you ever been convicted of a felony? _____ When? _____

Have you ever failed or refused to submit to a drug and/or alcohol test? _____ When? _____

If yes to any of the three questions above, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.

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: _____

Employment History

All driver applicants applying to drive a Non-CDL vehicle (10,001 lbs. – 26,000 lbs.) in interstate commerce (outside of the State you report) 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 applying to drive a commercial motor vehicle (CDL 26,001 lbs. or greater)*in interstate commerce shall also provide an additional 7 years information on those employers whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)* 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 material in quantity requiring placarding.

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Employer		Date	
Name:		to	
Address:	Position:		
City:	Salary/Wage:		
Contact Person:	Phone:	Reason for leaving:	
Were you subject to the FMCSR's 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:		to	
Address:	Position:		
City:	Salary/Wage:		
Contact Person:	Phone:	Reason for leaving:	
Were you subject to the FMCSR's 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:		to	
Address:	Position:		
City:	Salary/Wage:		
Contact Person:	Phone:	Reason for leaving:	
Were you subject to the FMCSR's 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:		to	
Address:	Position:		
City:	Salary/Wage:		
Contact Person:	Phone:	Reason for leaving:	
Were you subject to the FMCSR's 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:		to	
Address:	Position:		
City:	Salary/Wage:		
Contact Person:	Phone:	Reason for leaving:	
Were you subject to the FMCSR's 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

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Employer		Date	
Name:		to	
Address:		Position:	
City:		Salary/Wage:	
Contact Person:	Phone:	Reason for leaving:	
Were you subject to the FMCSR's 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

Accident record for the past 3 years or more (Attach sheet if more space is needed) if none, write none.

Dates	Nature of Accident (Head-on, Rear-end, Roll-Over, etc.)	Fatalities	Injuries	Haz-Mat Spills
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 additional sheet if necessary)

Experience and Qualifications –Driver

List all driver license or permits held in the past 3 years.

	State	License #	Type	Exp.Date
Drivers Licenses				

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
2. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either question 1 or 2 above is " Yes " please explain: _____

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Driving Experience

Class of Equipment			Circle Type of Equipment		Dates		Approx # of Miles (Total)
					From (MM/YY)	To (MM/YY)	
Straight Truck	Yes	No	Rear-loader, Roll-off, Front-loader, Tank, Dumbo, Box, Flat, Reefer				
Tractor & Trailer	Yes	No	Roll-off, Tank, Dump, Box, Flat, Reefer				
Other:			Type:				

List States operated in for the last 5 years: _____

List special courses or training that will help you as a driver: _____

Do you hold any safe driving awards? _____ If so, from whom? _____

Experience and Qualifications – Other

List any trucking or special experience that may help in your employment with this company: _____

List any other training you have taken not already listed: _____

List any special equipment you have operated (other than those listed above): _____

Education

Circle highest grade complete: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____ City: _____ State: _____

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CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed, I agree to conform to the guidelines and policies of Commercial Equipment Sales and Service, Inc. dba. Commercial Disposal ("Company"). I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if the Company employs me. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to the Company's review of this application. I release the Company and all providers of any information from any liability that may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment shall be dependent upon that receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communication any such information to a potential or future employer.
- D. I understand and agree that I will be required to submit to drug testing and a complete post-offer medical questionnaire as part of my application for employment with the Company. The Company will pay the cost of such examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- E. The Company may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer of employment to you. The Company may withdraw a conditional employment offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.
- F. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.
- G. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:
1. Review information by previous employers;
 2. 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
 3. 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.
- H. **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.**

Authorization/Signature of Applicant: _____ Date: _____