

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_

Date of Application \_\_\_\_\_

**Rivertown CDL Academy LLC  
1025 Ken-O-Sha Ind Park Dr SE  
Grand Rapids, MI 49508**

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, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY 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 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 inter-view(s) 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 employer(s) 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; and
- 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 \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)  
SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

Dismissed  Voluntarily Quit  Other  \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions)

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

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.  
Current Address

Street \_\_\_\_\_ City \_\_\_\_\_  
How Long? \_\_\_\_\_  
State Zip Code Phone \_\_\_\_\_ yr./mo. \_\_\_\_\_  
How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_ yr./mo. \_\_\_\_\_  
How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_ yr./mo. \_\_\_\_\_  
How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_ yr./mo. \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No  
Date of Birth \_\_\_\_\_ Can you provide proof of age?  Yes  No  
(Required for Commercial Drivers)  
Have you worked for us before?  Yes  No Where? \_\_\_\_\_  
Dates: From \_\_\_\_\_ 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 Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony?  Yes  No  
If yes, 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 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 another sheet as necessary.)

EMPLOYER		DATE	
NAME _____	FROM _____ TO _____	MO _____ YR _____	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

**EMPLOYMENT HISTORY (continued)**

EMPLOYER	DATE
NAME _____	FROM _____ TO _____ MO ____ YR ____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
NAME _____	FROM _____ TO _____ MO ____ YR ____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
NAME _____	FROM _____ TO _____ MO ____ YR ____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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ADDRESS _____	POSITION HELD _____
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
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ADDRESS _____	POSITION HELD _____
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____ PHONE NUMBER _____	REASON FOR LEAVING _____
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*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.

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 9 or more passengers, 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	INJURIES	HAZARDOUS MATERIAL SPILL
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)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER _____	_____	_____	_____
LICENSES _____	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate molor 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, GIVE DETAILS

DRIVING EXPERIENCE CHECKYES OR NO

CLASS OF EQUIPMENT	SELECT TYPE OF EQUIPMENT		DATES				APPROX. NO. OF MILES (TOTAL)
			FROM (M/Y) TO (M/Y)				
STRAIGHT TRUCK	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	MO _____ YR _____	MO _____ YR _____	_____	
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	MO _____ YR _____	MO _____ YR _____	_____	
TRACTOR TWO TRAILERS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	MO _____ YR _____	MO _____ YR _____	_____	
TRACTOR THREE TRAILERS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	MO _____ YR _____	MO _____ YR _____	_____	
MOTORCOACH SCHOOL BUS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<small>More than 8 Passengers</small>	_____	_____	_____	
MOTORCOACH SCHOOL BUS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<small>More than 15 Passengers</small>	_____	_____	_____	
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 DOW HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELPIN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENTOR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**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, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that Ihis 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Rivertown CDL Academy LLC**

### **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

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Print name

Social Security number

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