



Employment Application for CDL Drivers

Applicant Information

Full Name (First, Middle, Last): _____ Application Date: (mm/dd/yy) _____
Street Address _____
Include Apt./Unit #, if applicable: _____
City, State, ZIP Code _____
Phone # With Area Code: _____ E-mail Address: _____
Date of Birth: (mm/dd/yy) _____ Social Security No.: _____ Desired Salary: \$ _____
Position Applied for: _____ Date Available: (mm/dd/yy) _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain below: _____

Education

High School: _____ Address: _____
From (mm/yy): _____ To (mm/yy): _____ Course of Study: _____
Did you graduate? YES NO Type of Degree/Certificate: _____

College: _____ Address: _____
From (mm/yy): _____ To (mm/yy): _____ Course of Study: _____
Did you graduate? YES NO Type of Degree/Certificate: _____

Other: _____ Address: _____
From (mm/yy): _____ To (mm/yy): _____ Course of Study: _____
Did you graduate? YES NO Type of Degree/Certificate: _____

Previous Three Years Residency

Previous Street Address _____
Include Apt./Unit #, if applicable: _____
City, State, ZIP Code _____ # of Years at Address _____
Next Previous Street Address _____
Include Apt./Unit #, if applicable: _____
City, State, ZIP Code _____ # of Years at Address _____
Next Previous Street Address _____
Include Apt./Unit #, if applicable: _____
City, State, ZIP Code _____ # of Years at Address _____

Attach additional sheet if more space is needed.



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License Information

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). Applicant certifies that the applicant does not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years.

State	License #	Type/Class	Endorsements	Expiration Date
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Previously Held Licenses

Attach additional sheet if more space is needed.

Driving Experience

Class of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. # of Miles(Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				
Other				

Accident Record for the Past Three Years

Check this box if none.

Dates (List most recent first)	Nature of Accident (Head-on, rear-end, upset, etc.)	# of Fatalities	# of Injuries	Chemical Spills (Y/N)

Attach additional sheet if more space is needed.



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Traffic Convictions and Forfeitures for the Past Three Years (Other Than Parking Violations)

Check this box if none.

Date Convicted (Month/Year) Violation State of Violation Penalty (Forfeited Bond, Collateral and/or Points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain:

Attach additional sheet if more space is needed.

Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Current/Most Recent Employer

Company: _____ Phone # With Area Code: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: (mm/yy) _____ To: (mm/yy) _____ Reason for Leaving: _____

Explain any gaps in employment. (Include month/year and reason)

May we contact this position supervisor for a reference? YES NO

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO



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Employment History, Continued

Second Most Recent Employer

Company: _____ Phone # With Area Code: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: (mm/yy) _____ To: (mm/yy) _____ Reason for Leaving: _____

Explain any gaps in employment. (Include month/year and reason)

May we contact this position supervisor for a reference? YES NO

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

Third Most Recent Employer

Company: _____ Phone # With Area Code: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: (mm/yy) _____ To: (mm/yy) _____ Reason for Leaving: _____

Explain any gaps in employment. (Include month/year and reason)

May we contact this position supervisor for a reference? YES NO

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO



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Other Qualifications

Please list any other qualifications that you have and which you believe should be considered.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone # With Area Code: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone # With Area Code: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone # With Area Code: _____

Address: _____

Military Service

Branch: _____ From: (mm/yy) _____ To: (mm/yy) _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



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Disclaimer and Signature

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Name: (Print Clearly) _____

Applicant Signature: _____ Date: _____



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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration from employment on a basis prohibited by applicable local, state, or federal law.

I understand this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature: _____ Date: _____



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EMPLOYEE/APPLICANT AUTHORIZATION TO RELEASE RECORDS

I understand and agree that: The information supplied was submitted by myself, and all information is true and correct to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. This history may include Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, and will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.

I hereby authorize SentryLink LLC, an agent of Weldon Steel Corporation, to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify Weldon Steel Corporation and SentryLink, LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Employee/Applicant Information

Full Name (Last, First, Middle): _____
Social Security No.: _____ Date of Birth: _____
Other Name(s) Maiden/Married: _____
Driver's License Number: _____ Issued in State: _____
Email Address: _____

Residences (Starting With Current)

Street Address 1
Include Apt./Unit #, if applicable: _____
City, State, ZIP Code _____
How Long (Months/Years)? _____
Street Address 2
Include Apt./Unit #, if applicable: _____
City, State, ZIP Code _____
How Long (Months/Years)? _____

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Race : _____ Sex: _____ Telephone Incl. Area Code: _____

Signature

Date Signed



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AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

The undersigned does hereby acknowledge and certify as follows:

1. Certifies that the undersigned is an employee or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle, and the undersigned gives his or her consent to the release of their driving record (MVR) for review by Weldon Steel Corporation.
2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Employee/Applicant Information

Name of Employee/Potential Employee:

_____ *Print name as it appears on driver's license*

Social Security No.:

Date of Birth:

Driver's License Number:

Issued in State:

Address:

City, State, ZIP Code

Employee/Potential Employee Signature & Date:

Employer Authorized Representative Name:

Employer Authorized Representative Signature & Date:
