



# DRIVER EMPLOYMENT APPLICATION

*In compliance with applicable laws, this company does not discriminate one the basis of age, sex, race, color, religion, martial status, sexual orientation, national origin, alienage or citizenship status, disability, genetic predisposition or carrier status, Vietnam era/disabled veteran status, or any other characteristic protected by law.*

Date: \_\_\_\_\_

## Personal Information

Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## Driver License Information

License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

## Endorsements

Please check all the boxes pertaining to your license:

What is your current CDL License Class: A  B  C  None

Do you have a hazardous material endorsement Yes  No

What types of trucks have you operated? (Please check)

Straight Truck

Tractor / Semi-Trailer

Tractor/ 2 Trailers

Other: \_\_\_\_\_

## Safety Record

Have you had any accident in the last 3 years? Yes  No

Have you had any tickets in the last 3 years? Yes  No

Have you had a DWI or DUI? Yes  No

Have you ever been convicted of a felony? Yes  No

Have you ever had your license revoked or suspended? Yes  No

If the answer is yes to ANY question, state details, circumstances, and date:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Employment History

### Present Employer

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: To \_\_\_\_\_ From \_\_\_\_\_

Reason why you left: \_\_\_\_\_

### Previous Employer 1: List most recent previous employer first

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: To \_\_\_\_\_ From \_\_\_\_\_

Reason why you left: \_\_\_\_\_

Previous Employer 2

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: To \_\_\_\_\_ From \_\_\_\_\_

Reason why you left: \_\_\_\_\_

Previous Employer 3

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: To \_\_\_\_\_ From \_\_\_\_\_

Reason why you left: \_\_\_\_\_

Can you perform the essential job-related functions (lifting heavy materials, etc)? Yes or No

Please state any comments, awards, knowledge, skills or abilities pertaining to the position

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I personally completed this application and that all of the information is true and correct. I hereby authorize Ace Disposal/Portables to conduct, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug test results, or failure to submit to an alcohol or drug test, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I have completed this application of my own free will and hold Ace Disposal/Portables harmless of all liability for providing this application for my use.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE – INTERVIEWERS COMMENTS
