



PO Box 68
Cape Girardeau, MO 63702
Phone 573-334-6040
Fax 573-334-5998

DRIVERS' APPLICATION FOR EMPLOYMENT

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Position(s) Applied For: _____

Name: Last First Middle Social Security No.: _____

Address: Street City _____

State Zip Phone: _____

Address) How Long? _____
For past) Street City State & Zip

Three (3)) How Long? _____
Years) Street City State & Zip

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

Date of Birth: / / Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

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: _____

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: _____

IN CASE OF EMERGENCY, NOTIFY:

(1) Name Phone Number Relationship

(2) Name Phone Number Relationship

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	Date	Location	Fatalities	Injuries
LAST ACCIDENT				
NEXT ACCIDENT				
NEXT ACCIDENT				
NEXT ACCIDENT				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor 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, attach statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO OF MILES
	(VAN, TANK, FLAT, ETC.)	FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LIST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

Have you ever been dismissed or forced to resign from any employment? Yes No If **Yes**, please explain:

Are you a veteran of the U.S. Military Service? Yes No If **Yes**, what branch of Service? _____

If Yes, beginning date and ending date of active duty: From: _____ To: _____
Yr/Mo Yr/Mo

Date of discharge fro Military Service: _____

Do you have transportation to work? Yes No Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No If Yes, explain: _____

Are you now employed? Yes No Are you on a layoff? Yes No Are you subject to recall? Yes No

May we contact your present Employer? Yes No Previous Employer? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

PERSONAL REFERENCES:

List three persons not related to you, whom you have known at least one year.

	NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

TO BE READ AND SIGNED BY APPLICANT

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.

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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date

_____ Applicants Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file.)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF REVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____



DRUG TEST & FELONY CONVICTION DISCLAIMER

1. Have you ever been convicted of a felony? Yes _____ No _____
2. Do you have any felony charges pending? Yes _____ No _____
3. Have you ever tested positive or refused a drug test? Yes _____ No _____

Signed _____

Witness _____

DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit bankruptcy proceedings, etc. From federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you, if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

Printed Name

Social Security No.

Applicant's Signature

Date

REQUEST FOR BACKGROUND INFORMATION

DRIVER NAME: _____ **SSN:** _____

I hereby authorize my previous and/or current employers to furnish Delta Express, Inc. the information requested below including information relating to any accidents in which I was involved and all information concerning my Alcohol and Controlled Substances Testing records, including pre-employment testing. I agree to release all my previous and/or current employers from any liability that may arise from providing such information.

Date: _____ **Applicant's Signature:** _____

NOTICE TO FORMER EMPLOYER: PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW IN ACCORDANCE WITH 49 CFR PART 391.23. YOU ARE REQUIRED TO PROVIDE INFORMATION REGARDING ACCIDENTS INVOLVING THE DRIVER LISTED ABOVE. ALL INFORMATION WILL BE HELD IN CONFIDENCE.

BELOW THIS LINE – OFFICE USE ONLY

RETURN TO:
Delta Express, Inc., PO Box 68, Cape Girardeau, MO 63702-0068

RECRUITER: _____ **PHONE:** (800) 325-6040, EXT. # _____ **RETURN FAX:** (573) 334-5998

NAME OF COMPANY: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: (____) _____ **FAX:** _____

SUPERVISOR/CONTACT NAME: _____ **POSITION:** _____

PERIODS OF EMPLOYMENT:	FROM:	TO:
	FROM:	TO:

POSITION HELD: _____ **REASON FOR LEAVING:** _____

ACCIDENT/INCIDENT RECORD. LIST ALL, REGARDLESS OF FAULT. IF NONE, WRITE "NONE"

Date	Vehicle Driven	Type of Accident/Incident (turnover, rear-end, etc.)	Prev/ Non-prev	# of Fatalities	# of Injuries	Hazmat Release? (other than fuel)	City	ST	Amount of Damage \$

Type of tractors driven? _____ Type of trailers pulled? _____

If company policy allowed, would you rehire? Yes No Explain: _____

Number of states driven in? _____ Which state(s): _____

COMMENTS: _____

IN ACCORDANCE WITH 49 CFR PART 40, please answer the following:

	YES	NO
1. Has this person ever tested positive for a controlled substance in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person ever had an alcohol test with a result of 0.04 or higher alcohol concentration in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person ever refused a required test for drugs or alcohol in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person ever violated any other DOT drug or alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received information from any previous employer that this person violated DOT drug or alcohol regs?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

COMPLETED BY SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

