



1523 S. Anderson Rd.
Rock Hill, SC 29730
803-328-3773

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Opportunity Law, 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.

Position applied for _____ Date of Application _____

Name _____ Social Security Number _____
Last First Middle (Required for Commercial Drivers)
Phone _____ E-mail _____

List your addresses of residency for the past 3 years

Current Address _____
Street _____ How Long? _____
City State Zip years/months

Previous Address _____
Street _____ How Long? _____
City State Zip years/months

Street _____ How Long? _____
City State Zip years/months

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? _____ Dates: From _____ To _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Rate of pay expected _____

Have you ever been convicted or a felony? _____

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? _____

If yes, explain _____

Employment History

All driver applicants who drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, street number, city, state and zip code.

Applicants who drive a commercial motor vehicle in intrastate or interstate commerce shall also provide and 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
Address	Position Held
City State Zip	Rate of Pay
Contact	Reason for leaving
Did you operate a vehicle requiring a CDL? Yes ___ No ___	

EMPLOYER	DATE
Name	From To
Address	Position Held
City State Zip	Rate of Pay
Contact	Reason for leaving
Did you operate a vehicle requiring a CDL? Yes ___ No ___	

EMPLOYER	DATE
Name	From To
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EMPLOYER	DATE
Name	From To
Address	Position Held
City State Zip	Rate of Pay
Contact	Reason for leaving
Did you operate a vehicle requiring a CDL? 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, upset, etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violation) If none write none.

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more is needed)

EXPERIENCE AND QUALIFICATION - DRIVER

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y __ N __

Has any license, permit or privilege ever been suspended or revoked? Y __ N __

If the answer to either of the above questions is yes, give details _____

DRIVING EXPERIENCE (If non, write none)

Class of Equipment	Type (Van, Tank, Flat, Etc.)	Date To / From	Approx. # of Miles (Total)
Straight Truck			
Tractor & Semi-trailer			
Tractor - two trailers			
Motor coach - school bus			
Other			

List states operated in for the past 5 years _____

What special courses or training have you had that will help you as a driver?

Which safe driving awards do you hold and from whom?

What other trucking, transportation or other experience do you have that will help you in your work for this company?

List any courses and training other than those 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 Stevenson-Weir, Inc.

Date

Signature