



APPLICATION FOR EMPLOYMENT

Driver

AN EQUAL OPPORTUNITY EMPLOYER
A DRUG-FREE WORKPLACE

Personal Information

NAME (LAST, FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT#	CITY	STATE	ZIP
PREVIOUS ADDRESS	APT#	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? YES _____ NO _____		PHONE ()		
ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____		IN CASE OF AN EMERGENCY, NOTIFY:		
		ADDRESS		PHONE

Employment

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____		WHICH BRANCH? WHEN?
REASON FOR LEAVING		
NAME OF LAST GULFEAGLE SUPERVISOR		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER		
ARE YOU NOW EMPLOYED? YES _____ NO _____		WHEN WILL YOU BE AVAILABLE? ____/____/____
ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? YES _____ NO _____		

If resume includes below information and is attached, please check here and skip to section marked "References". Otherwise complete below:

Education

PLEASE CIRCLE LAST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	COLLEGE 1 2 3 4
OTHER TRAINING:	
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES _____ NO _____	

Experience & Qualifications

VALID DRIVER'S LICENSE NUMBER	FROM THE STATE OF	EXPIRES ON
LICENSE TYPE (I,E, CDL CLASS A, CLASS 1, ETC.)		
HAVE YOU EVER BEEN DENIED A PERMIT, LICENSE OR PRIVILEGE TO OPERATE A COMMERCIAL MOTOR VEHICLE? YES _____ NO _____		
HAS YOUR LICENSE PERMIT OR PRIVILEGE BEEN SUSPENDED OR REVOKED? YES _____ NO _____		
IF YES, EXPLAIN:		

Driving Experience

POWER EQUIPMENT	TYPE OF EQUIPMENT	NUMBER OF YRS	STATES YOU HAVE DRIVEN IN
STRAIGHT TRUCK			
TRACTOR TRAILER	POWER UNIT: TRAILER:		
BUS	SCHOOL: COACH:		
OTHER (SPECIFY)			

Accident Record Last Three Years

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

Traffic Convictions and Forfeitures Last Three Years (other than parking)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE OR AUTOMOBILE

Former Employers

List below last three employers, starting with most recent employer first.

NAME OF PRESENT OR LAST EMPLOYER		DATES OF EMPLOYMENT (FROM - TO)	
STREET ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE	PHONE	MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

NAME OF EMPLOYER		DATES OF EMPLOYMENT (FROM - TO)	
STREET ADDRESS		CITY	STATE ZIP
NAME OF SUPERVISOR		TITLE	PHONE MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

NAME OF EMPLOYER		DATES OF EMPLOYMENT (FROM - TO)	
STREET ADDRESS		CITY	STATE ZIP
NAME OF SUPERVISOR		TITLE	PHONE MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

References

Below give the names of three persons you are not related to, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED

Special Questions

WHAT FOREIGN LANGUAGES DO YOU SPEAK?	
CAN YOU ALSO READ AND WRITE THESE LANGUAGES?	_____ YES ___ NO ___
HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, EXPLAIN	YES ___ NO ___

Due to contractual agreement regarding leased employees, P.C.C. can and should be substituted (inserted) wherever Gulfeagle Supply or "the company" is used.

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of that date of payment of my wages and salary, be terminated at any time without any prior notice.

Notification and Release

In connection with my application for employment (including contract for services), I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma or other vendor. This report may include the following types of information: names and dates previous employers, reason for termination of employment, work experience, accidents, or other. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal or other, from Federal, State and other agencies which maintain such records as well as information 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 TO FURISH THE ABOVE-MENTIONED INFORMATION.

I have a right to make a request, 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 have been previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information, and I agree that such information which is on file or obtained and my employment history, if I am hired, will be supplied by DAC to other companies which subscribe to DAC or other services.

Signature _____ Date ____/____/____

