



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"/> WALK-IN <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> OTHER <input type="checkbox"/> CURRENT EMPLOYEE - NAME OF EMPLOYEE _____	
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	COLLEGE
1 2 3 4 5 6 7 8 9 10 11 12	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.)		HAZMAT <input type="checkbox"/> YES <input type="checkbox"/> NO
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 the 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 EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW? A CONVICTION DOES NOT AUTOMATICALLY DISQUALIFY YOUR APPLICATION. YES ___ NO ___	
IF YES, EXPLAIN	

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 HireRight, Tulsa, Oklahoma or other vendor. This report may include the following types of information: names and dates of 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 HireRight to other companies which subscribe to HireRight or other services.

Signature _____ Date ____/____/____



EEO SELF-IDENTIFICATION FORM

Gulfeagle Supply is an equal employment opportunity/affirmative action employer. Certain laws and regulations regarding equal employment opportunity/affirmative action require us to compile annual statistical reports on applicants for employment. In order to comply with these laws and regulations, we are requesting your cooperation in completing this EEO Self Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for equal employment opportunity/affirmative action record-keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and, if you are hired by Gulfeagle Supply, your personnel file.

SEX IDENTIFICATION

Male Female

MINORITY STATUS IDENTIFICATION

- WHITE (Not Hispanic or Latino)
- BLACK or AFRICAN AMERICAN (Not Hispanic or Latino)
- HISPANIC or LATINO
- ASIAN (Not Hispanic or Latino)
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)
- AMERICAN INDIAN or ALASKA NATIVE (Not Hispanic or Latino)
- TWO OR MORE RACES (Not Hispanic or Latino)

Position Sought: _____ Branch Location _____

Name (Printed): _____
City, State

Signature: _____ Date: _____