

# DRIVER'S APPLICATION FOR EMPLOYMENT

COMPANY CENTRAL SEAL COMPANY  
ADDRESS P O BOX 490  
CITY DANVILLE STATE KY ZIP 40423

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.*

DATE OF APPLICATION \_\_\_\_\_

Position Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

List your address of residency for the past three years:

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ How Long \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ How Long \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ How Long \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Do you have the legal right to work in the United State? \_\_\_\_\_

Date of Birth \_\_\_\_\_ \ \ \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for Central Seal before? \_\_\_\_\_ When? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you currently 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?

If yes, explain if you wish. \_\_\_\_\_

## EMPLOYMENT HISTORY

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

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

**(NOTE: List employers in reverse order - starting with most recent).**

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EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE/FAX NUMBER \_\_\_\_\_

DATES FROM \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
SALARY/WAGE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE/FAX NUMBER \_\_\_\_\_

DATES FROM \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
SALARY/WAGE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE/FAX NUMBER \_\_\_\_\_

DATES FROM \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
SALARY/WAGE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE/FAX NUMBER \_\_\_\_\_

DATES FROM \_\_\_\_\_ TO: \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
SALARY/WAGE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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LIST ANY ACCIDENTS FOR PAST THREE (3) YEARS:

DATES	NATURE OF ACCIDENT (HEAD-ON REAR-END, ETC)	FATALITIES	INJURIES

LIST ANY TRAFFIC CONVICTIONS/FORFEITURES FOR THE PAST THREE (3) YEARS

LOCATION	DATE	CHARGE	PENALTY

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8    HIGH SCHOOL 1 2 3 4    COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED:

NAME

CITY

### EXPERIENCE AND DRIVER QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

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**

DRIVER EXPERIENCE (IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TAN,FLAT,ETC)	DATES		APPROXIMATE # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR-TWO TRAILERS				
MOTOR COACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

LIST SPECIAL DRIVING COURSES OR TRAINING COMPLETED \_\_\_\_\_

LIST SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM \_\_\_\_\_

EXPERIENCE AND QUALIFICATIONS - OTHER

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

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information is accurate and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical and other related matters as may be necessary in arriving at an employment decision. General information 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, may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Date

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