

DRIVER'S APPLICATION FOR EMPLOYMENT

PAR LOGISTICS

7377 EXPRESSWAY CT SW STE A

GRAND RAPIDS, MI 49458

Applicant Name _____

Date of Application _____

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS – PLEASE PRINT)

POSITION APPLIED FOR _____

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NO. _____

PHONE NO. _____

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS.

CURRENT ADDRESS

STREET

CITY

STATE & ZIP CODE

HOW LONG

PREVIOUS ADDRESSES

STREET

CITY

STATE & ZIP CODE

HOW LONG

STREET

CITY

STATE & ZIP CODE

HOW LONG

STREET

CITY

STATE & ZIP CODE

HOW LONG

STREET

CITY

STATE & ZIP CODE

HOW LONG

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

CAN YOU PROVE PROOF OF AGE? _____

DATE OF BIRTH _____/_____/_____

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? _____

HAVE YOU EVER BEEN BONDED? _____

NAME OF BONDING COMPANY _____

HAVE YOU EVER BEEN CONVICTED OF 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 PREFORM THE FUNCTIONS OF THE JOB FOR
WHICH YOU HAVE APPLIED (AS DESCRIBED IN THE ATTACHED JOB DISCRPTION)? _____

IF YES, PLEASE EXPLAIN _____

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE, AND ZIP CODE.

APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE* IN THE INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION OF 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 HEAD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs+ WHILE EMPLOYED?		YES ___ NO ___		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION ON ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		YES ___ NO ___		

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HEAD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs +WHILE EMPLOYED?		YES ___ NO ___		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION ON ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		YES ___ NO ___		

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HEAD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs+ WHILE EMPLOYED?			YES ___	NO ___
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION ON ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HEAD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs+ WHILE EMPLOYED?			YES ___	NO ___
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION ON ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___				

*INCLUDES VEHICLES HAVING A GVWR OF 26,001lbs OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

+THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRs) APPLY TO ANYONE OPERATING A MOTOR VEHICLE ON A HIGHWAY IN INTERSTATE COMMERCE TO TRANSPORT PASSENGERS OF PROPERTY WHEN THE VEHICLE: (1) WEIGHS OR HAS A GVWR OF 10,001lbs OR MORE, (2) IS DESIGNED OR USED TO TRANSPORT 9 OR MORE PASSENGERS, OR(3) IS OF ANY SIZE AND IS USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

LIST ANY ACCIDENTS (USE ANOTHER SHEET OF PAPER IF MORE ROOM IS NEEDED) IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-ENDED, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE OR PERMIT NO	TYPE	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE OT OPERATE A MOTOR VEHICLE?YES_____ NO_____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES_____ NO_____

IF YOU ANSWERED YES TO EITHER QUESTION GIVE DETAILS. _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX.NO.OF MILES
		FROM(M/Y)	TO (M/Y)	
STRAIGHT TURCK Y_____ N_____	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR AND SEMI-TRAILER Y_____N_____	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – TWO TRAILERS Y_____N_____	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – THREE TRAILERS Y_____N_____	VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH – SCHOOL BUS MORE THAN 8 PASSENGERS Y_____N_____				
MOTORCOACH – SCHOOL BUS MORE THAN 15 PASSENGERS Y_____N_____				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS. _____

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

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

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST ANY TRUCKING, TRANSPRTATION, OR OTHER EXPERIENCE THAT MAY HELP IN 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) _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTEND

NAME

CITY & STATE

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND TAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____