

SAGUARO TRUCKING COMPANY INC.

DRIVERS APPLICATION FOR EMPLOYMENT

INSURANCE REQUIRES APPLICANT TO BE AT LEAST 25 YEARS OF AGE.

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Saguaro Trucking Company Inc.

Instruction to Applicant

Please answer all questions. If the answer to any question is "No" or "None". **Do Not** leave the item blank, But write "No" or "None". **This is Important!**

- ☐ The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 to 70 years of age.

Date _____ Name: _____
(first) (middle) (last)

Phone Number () _____ Emergency Phone Number() _____
Age _____ Date of Birth _____ Social Security Number XXX - XX - _____
Physical Exam Expiration Date: _____

Current Address:

(Street) (City) (State) (Zip Code) From _____ To _____
(MO/YR) (MO/YR)

Address for past three years:

(Street) (City) (State) (Zip code) From _____ To _____
(MO/yr.) (MO/yr.)

Have you had previous experience in representing a company with its customers? _____
When _____ Where _____

Are you physically capable of performing truck loading and unloading operations? Yes No

Have you ever been injured on the job? Yes, No Dates _____
Describe circumstance and indicate type of injury use back of paper if necessary.

Education and Employment History

Please circle the highest grade completed: Grade/High school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4

Driving Experience

Type of Equipment	Dates		Approximate # of Miles
	from	To	
Straight Truck			
Tractor and Semi Trailer			
Tractor – Two Trailers			
Other			

List states operated in for the past 5 years: _____

List special Schools Courses / Training completed. _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past 3 years (write on back if more space is needed)

Date of Accident	Nature of Accident (head on rear end etc)	Location of Accident	Number of Fatalities	Number of people Injured

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Date	Location	Charge	Penalty

Drivers License (list each drivers license held for the past 3 years)

State	License Number	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

Have you ever tested positive or refused a DOT drug or alcohol pre-employment test? Yes No

Within the past two years from any employer who did not hire you? Yes No

Have you ever been convicted of a felony? Yes No

Have you had a record of driving under the influence during the past five years? Yes No

If the answer is “YES” to any question give details.

NEXT PREVIOUS EMPLOYER:

From _____ to _____ Name _____
 (mo/yr) (mo/yr) Address _____
 (street) (city) (st/zip)
 Position Held _____ Phone Number (_____)
 Reason For Leaving _____

NEXT PREVIOUS EMPLOYER:

From _____ To _____ Name _____
 (mo/yr) (mo/yr) Address _____
 (street) (city) (st/zip)
 Position Held _____ Phone Number (_____)
 Reason For Leaving _____

NEXT PREVIOUS EMPLOYER:

From _____ To _____ Name _____
 (mo/yr) (mo/yr) Address _____
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NEXT PREVIOUS EMPLOYER:

From _____ To _____ Name _____
 (mo/yr) (mo/yr) Address _____
 (street) (city) (st/zip)
 Position Held _____ Phone Number (_____)
 Reason For Leaving _____

NEXT PEVIOUS EMPLOYER:

From _____ To _____ Name _____
 (mo/yr) mo/yr Address _____
 (street) (city) (st/zip)
 Position Held _____ Phone Number (_____)
 Reason For Leaving _____

PERSONAL REFERECES

(List 3 persons for reference, other than family members,who have knowledge of your safety habits)

Name_____Address_____Phone_____
(street) (city/state) (zip)

Name_____Address_____Phone_____
(street) (city/state) (zip)

Name_____Address_____Phone_____
(street) (city/state) (zip)

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carier or its agents may investigate the applicants background to ascertain any and all information of concern to applicants record , whether same is of record or not, and applicant releases employers and persons named herin from all liability for any damages on account of furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probation period during which time I may be disqualified without recourse.

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.

Applicants Signature **Date**