



## Driver Employment Application

Action Courier Services has a policy that all of its perspective employees be able to pass a drug and alcohol test prior to employment and that all current employees are subject to random drug and alcohol tests. Furthermore, we reserve the right to do a background check into any general criminal records on an applicant. (The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

### Personal Information

Name (First, Middle, Last)	Cell. Phone	Home Phone
E-mail Address	Age	Date of Birth
Present Address - Street, City, State, Zip Code		Social Security Number
Previous three years addresses - Street, City, State, Zip Code		How Long?
In Case Of Emergency Notify - Name and Relationship	Cell Phone	Home Phone

### Position Seeking

Position Seeking	Availability Date	Salary/Wage Desired
Have you ever worked for this company before?	If yes, give dates: From	To
Reason for leaving?		

### Education

Last School Attended	Other <u>9</u> <u>10</u> <u>11</u> <u>12</u> College: <u>1</u> <u>2</u> <u>3</u> <u>4</u> Circle Highest Grade Completed
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### General

Have You Served In The U.S. Armed Forces?	Branch	Type of Discharge	Rank at Discharge
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### Personal References (List two people for references, other than family members, who have knowledge of your safety habits.)

Name	Relationship (no relatives)	Contact Number
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**Past Employment** (Give a COMPLETE RECORD for the Past 3 years, including any unemployment or self employment periods, and all commercial driving experience for the last 10 years.)

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Last Employer - Company Name	Phone	Supervisor	
Address (Street, City, State, Zip Code)		Position Held	
Reason for Leaving	From (Mo/Yr)	To (Mo/Yr)	Salary or Hourly Rate

Was your job designated as a safety-sensitive function in any DOT - regulated mode subject to the drug and alcohol testing requirements for 49CFR Part 40?    YES \_\_\_\_\_ NO \_\_\_\_\_

Were you Subject to FMCSRs while employed here?    YES \_\_\_\_\_ NO \_\_\_\_\_

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Last Employer - Company Name	Phone	Supervisor	
Address (Street, City, State, Zip Code)		Position Held	
Reason for Leaving	From (Mo/Yr)	To (Mo/Yr)	Salary or Hourly Rate

Was your job designated as a safety-sensitive function in any DOT - regulated mode subject to the drug and alcohol testing requirements for 49CFR Part 40?    YES \_\_\_\_\_ NO \_\_\_\_\_

Were you Subject to FMCSRs while employed here?    YES \_\_\_\_\_ NO \_\_\_\_\_

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Last Employer - Company Name	Phone	Supervisor	
Address (Street, City, State, Zip Code)		Position Held	
Reason for Leaving	From (Mo/Yr)	To (Mo/Yr)	Salary or Hourly Rate

Was your job designated as a safety-sensitive function in any DOT - regulated mode subject to the drug and alcohol testing requirements for 49CFR Part 40?    YES \_\_\_\_\_ NO \_\_\_\_\_

Were you Subject to FMCSRs while employed here?    YES \_\_\_\_\_ NO \_\_\_\_\_

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Last Employer - Company Name	Phone	Supervisor	
Address (Street, City, State, Zip Code)		Position Held	
Reason for Leaving	From (Mo/Yr)	To (Mo/Yr)	Salary or Hourly Rate

Was your job designated as a safety-sensitive function in any DOT - regulated mode subject to the drug and alcohol testing requirements for 49CFR Part 40?    YES \_\_\_\_\_ NO \_\_\_\_\_

Were you Subject to FMCSRs while employed here?    YES \_\_\_\_\_ NO \_\_\_\_\_

## Driving Experience/License

State	License Number	Type (Class A, B, C, Haz.)	Expiration Date
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List states operated in, for last 5 years	List special courses/training completed
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Class of Vehicle (Straight truck, CDL A, Etc.)	From	To	Approximate Number of Miles
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Class of Vehicle (Straight truck, CDL A, Etc.)	From	To	Approximate Number of Miles
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Class of Vehicle (Straight truck, CDL A, Etc.)	From	To	Approximate Number of Miles
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## Accident Record for Past 3 Years

Date of Accident	Nature (head on, rear end, Etc.)	Location	# of Fatalities	# of People Injured
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Date of Accident	Nature (head on, rear end, Etc.)	Location	# of Fatalities	# of People Injured
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Date of Accident	Nature (head on, rear end, Etc.)	Location	# of Fatalities	# of People Injured
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## Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)

Date	Location	Nature of Citation	Penalty
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Date	Location	Nature of Citation	Penalty
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Date	Location	Nature of Citation	Penalty
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## Driver's License (List each driver's license held in the last 3 years)

State	License Number	Type	Endorsements	Expiration Date
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State	License Number	Type	Endorsements	Expiration Date
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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 been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer to any questions listed above are "YES", give details \_\_\_\_\_

# Physical History

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Department of Transportation physical exam expiration date

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List Any Physical Limitations (Such as Eyesight, Limb Impairment, Diabetes, Hearing, Etc.)

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Ever Injured On The Job?

Give Nature and Degree of Such Injuries

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 Action Courier Services or our agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his 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 in no way obligates Action Courier Services, Inc. to employ or hire the applicant.

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

It is agreed and understood that the information in this application will be used and that the prior employers will be contacted for the purposes of the investigation as required by 391.23 of the motor carrier safety regulations.

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.

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Applicant Signature

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Today's Date

Remarks: (For office use only)

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