



EMPLOYMENT APPLICATION

DRIVER

DATE: _____ POSITION APPLIED FOR: _____ EEMPLID (HR ONLY) _____
 FULL TIME PART TIME TEMPORARY

ANSWER ALL QUESTIONS

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Name:		Last	First	Middle
Current address:		City	State	Zip
Home phone:		Cell/Pager:		
Previous address for last 3 years:		City	State	Zip
Previous address:		City	State	Zip
Previous address:		City	State	Zip
Social Security No. :		Are you legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of birth:		Can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date you can begin?	Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been employed by ECI before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have relatives already employed by ECI? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____		
Who referred you?		Rate of pay expected:		
Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EMERGENCY CONTACT

Name:		Relationship:		
Home phone:		Cell/Pager:		
Address:	City	State	Zip	

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 intrastate or interstate commerce shall also provide an additional 7 years of information on 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).

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY

Company name:				
Address:		City	State	Zip
Employment Dates (State month and year)		Reason for leaving:		
From: To:		Job Title:		
Name of Supervisor:			Phone No.:	

Company name:				
Address:		City	State	Zip
Employment Dates (State month and year)		Reason for leaving:		
From: To:		Job Title:		
Name of Supervisor:			Phone No.:	

Company name:				
Address:		City	State	Zip
Employment Dates (State month and year)		Reason for leaving:		
From: To:		Job Title:		
Name of Supervisor:			Phone No.:	

Company name:				
Address:		City	State	Zip
Employment Dates (State month and year)		Reason for leaving:		
From: To:		Job Title:		
Name of Supervisor:			Phone No.:	

Company name:				
Address:		City	State	Zip
Employment Dates (State month and year)		Reason for leaving:		
From: To:		Job Title:		
Name of Supervisor:			Phone No.:	

EMPLOYMENT HISTORY *(Continued)*

Company name:				
Address:		City	State	Zip
Employment Dates (State month and year)		Reason for leaving:		
From: To:		Job Title:		
Name of Supervisor:			Phone No.:	

Company name:				
Address:		City	State	Zip
Employment Dates (State month and year)		Reason for leaving:		
From: To:		Job Title:		
Name of Supervisor:			Phone No.:	

Company name:				
Address:		City	State	Zip
Employment Dates (State month and year)		Reason for leaving:		
From: To:		Job Title:		
Name of Supervisor:			Phone No.:	

REFERENCES

Name:	Present Organization:	Position/Title
Work Association:	City/State:	Phone No.:

Name:	Present Organization:	Position/Title
Work Association:	City/State:	Phone No.:

Name:	Present Organization:	Position/Title
Work Association:	City/State:	Phone No.:

EDUCATION

Name and Location of School	Course of Study	Did you graduate?	Degree or Diploma
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or Trade School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

DRIVERS/EQUIPMENT OPERATORS/TECHNICIANS/LABORERS

Please supply us with driver's license, DMV printout, Medical Card, Certificates of Training (40-hour training, welding card, etc.) and any other documents which may apply, to photocopy and attach to your application for employment.

Types of equipment/vehicles operated	Size/Type	Years of experience

DRIVING EXPERIENCE (If none, write None)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailer				
Motor coach – School Bus				
Other				

List states operated in for the last 5 years _____

Show special course or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

DRIVER LICENSE QUALIFICATIONS

State		
License No.		
Type		
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

If the answer to either question is YES, attach statement, giving details.

ACCIDENT RECORD (Past 3 years – If none, write None)

Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS (Past 3 years – If none, write None)

Date	Location	Charge	Penalty

COMMENTS

Please list any other abilities (e.g., shorthand and typing speeds, computer skills and volunteer experience as applicable). Also list publications and patents. Please complete any information you feel pertains to the position you are applying for.

SUBSTANCE ABUSE POLICY

It is ECI's policy to maintain a work environment free of substance abuse. This policy applies to all current and prospective employees. In order to preserve employee fitness for duty and the safety of employees and others, drug screening is a requirement for all prospective employees and may be required of current employees in situations as prescribed by policy. All employment offers are contingent upon the applicant successfully passing a drug screen; applicants who fail this drug screen will not be eligible for employment at ECI.

TERMS AND AGREEMENTS

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.

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 and other related matters as may be necessary in arriving at an employment decision; In general, 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of ECI.

In consideration for my employment, I agree to conform to the rules and regulations of the company. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I understand, acknowledge and agree that employment at the Company is "at will". This means that both the Company and I have the right to terminate my employment at any time, with or without notice, and with or without cause. I further understand and agree that I may be demoted or disciplined, and the terms of my employment may be altered at any time, with or without cause, at the discretion of the Company. I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement or promise with respect to any personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment or to make any other agreement which is contrary to this understanding and employment being solely "at will". By signing this employment application I acknowledge that I have read and that I fully understand, acknowledge and agree to these terms.

I have read, understand and agree to the terms of this Agreement.

Signature _____

Date _____

TO BE COMPLETED BY HIRING MANAGER

Hire Date:	Pay Rate:	<input type="checkbox"/> Annual <input type="checkbox"/> Per Hour
Payroll Status: <input type="checkbox"/> Exempt/Salaried <input type="checkbox"/> Non-Exempt/Hourly	Pay Frequency: <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	
Job Title:	Work Location:	Department No. :

Drug Test completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Current DMV record: Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of Current medical card: Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Current driver's license: Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Property Issued (Please check ALL that apply):

Pager Phone Keys Uniform Credit Card Nomex Gas Card Phone Card

Company Vehicle Personal Protection Equipment Other _____

Hiring Manager Signature

Date