



Application for Employment as a Driver

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: () _____ E-mail Address: _____

Date of Birth: _____ Social Security No.: _____
(required by section 391.21)

Address for Past 3 Years: _____

Are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Convictions are not an automatic disqualification from employment. Expunged or sealed records do not have to be disclosed.

Were you referred by anyone at Dedicated Logistics? _____

Education

High School: _____ Address: _____

Did you graduate? YES NO

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

Qualifications and Experience

Years driving tractor-trailer equipment: _____ Over-the-road or city work? _____

In what areas of the country have you driven? _____

Do you have experience with flatbed equipment? _____

Licenses Held

List all driver's and chauffeur's licenses held in the past 5 years:

<u>License Type</u>	<u>License Number</u>	<u>State</u>	<u>Endorsements</u>	<u>Expiration Date</u>

Motor Vehicle Driver's Certification

Do you have a current DOT Medical Examiner's Certificate? Yes No

Do you have a current HazMat Endorsement? Yes No

I certify that I have been involved in the following accidents with a motor vehicle since I started driving.

<u>Date</u>	<u>Location</u>	<u>Type of Accident</u>	<u>Type of Vehicle</u>

If no accidents are listed, I certify that I have not been involved in any motor vehicle accidents. Yes No

List past employers in chronological order, starting with the most recent employer, for the past 10 years. Account for any time lapses, (if you were driving for an independent contractor, list contractor and carrier who leased tractor.)

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Accidents:
(Motor Vehicle)

From: _____ To: _____ Reason for Leaving: _____
Subject to the FMCSR's while employed? YES NO Job was subject to alcohol and controlled substances testing as required by 49 CFR part 40 YES NO

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Accidents:
(Motor Vehicle)

From: _____ To: _____ Reason for Leaving: _____
Subject to the FMCSR's while employed? YES NO Job was subject to alcohol and controlled substances testing as required by 49 CFR part 40 YES NO

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Accidents:
(Motor Vehicle)

From: _____ To: _____ Reason for Leaving: _____
Subject to the FMCSR's while employed? YES NO Job was subject to alcohol and controlled substances testing as required by 49 CFR part 40 YES NO

May we contact your previous employer for a reference? YES NO

Previous Employment continued

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Accidents: (Motor Vehicle) _____

From: _____ To: _____ Reason for Leaving: _____
Subject to the FMCSR's while employed? YES NO Job was subject to alcohol and controlled substances testing as required by 49 CFR part 40 YES NO

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Accidents: (Motor Vehicle) _____

From: _____ To: _____ Reason for Leaving: _____
Subject to the FMCSR's while employed? YES NO Job was subject to alcohol and controlled substances testing as required by 49 CFR part 40 YES NO

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Accidents: (Motor Vehicle) _____

From: _____ To: _____ Reason for Leaving: _____
Subject to the FMCSR's while employed? YES NO Job was subject to alcohol and controlled substances testing as required by 49 CFR part 40 YES NO

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Accidents: (Motor Vehicle) _____

From: _____ To: _____ Reason for Leaving: _____
Subject to the FMCSR's while employed? YES NO Job was subject to alcohol and controlled substances testing as required by 49 CFR part 40 YES NO

May we contact your previous employer for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Background Questions

Please answer all questions listed below. Unanswered questions will be considered a "Yes" answer.

- YES NO
 Are there any restrictions on your license?
- YES NO
 Have you ever been convicted of an alcohol/drug related driving offense, or have a current charge pending?
- YES NO
 Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance, or have a current charge pending?
- YES NO
 Have you ever tested positive or refused to test for drugs or alcohol as prescribed by government regulation or company policy?
- YES NO
 Have you ever been convicted of a crime?
- YES NO
 Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
- YES NO
 Have you ever had a license, permit, or privilege to operate a motor vehicle suspended or revoked?
- YES NO
 Have you ever abandoned equipment?
- YES NO
 Have you ever been convicted of any careless or reckless driving violation?

If you answered "Yes" to any of the questions above, please explain in full, indicating date, charge, location, under what name and action taken:

Certification of Application and Release of Information

This application was completed by me, and the information on this application is true and complete to the best of my knowledge. False, misleading or incomplete information may be a basis for rejecting the application and denying employment.

I authorize DLI, or any party or agency contacted by DLI to provide the information required to verify my background, including past employment, vehicular accidents, drug tests, driving records and criminal records (if any).

I understand that any offer of employment is conditioned on the satisfactory completion of this background check, as well as my passing a drug and alcohol test, and my providing satisfactory proof of identity and U.S. employment authorization.

I also understand that DLI does not promise an offer or guarantee employment for any length of time.

Signature: _____ Date: _____

DLI is an equal opportunity employer. Qualified applicants are considered for openings without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, or disability.

Making logistics a competitive advantage for every business through creative solutions.
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