

DRIVER'S APPLICATION FOR EMPLOYMENT



Star Alliance LLC.
2229 E Kearney St Springfield, MD 65803
Buss. (417)429-4122

GENERAL INFORMATION

Position(s) Applied for COMMERCIAL TRUCK DRIVER		Date of Application
Last Name	First Name and Middle Initial	Social Security Number
Date of Birth	Commercial Driver License Number	CDL Expiration Date

List your addresses of residency for the past 3 years (Current Address First)

Street	City	State	Zip code

Cell Phone Number	Home Phone Number	Emergency Contact Number

Previous Address	Street	City	State	Zip code
	Previous Address 2 – Street	City	State	Zip code
	Previous Address 3 – Street	City	State	Zip code

Information Required	Do you have a legal right to work in the United States?		
	Have you worked for A & S Transportation before? Where?		
	Reason for leaving?		
	Are you now employed? If not how Long since last employment?		
	Who referred you?		Rate of pay expected?

Is there are any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, explain if you wish.

EDUCATION

Circle Highest Grade Completed:	1 2 3 4 5 6 7 8	High School:	9 10 11 12	College:	1 2 3 4
Name of Last School Attended:		City:		State:	

EXPERIENCE AND QUALIFICATIONS AS A DRIVER

Driver Licenses	State	License No.	Type	Exp. Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoke? YES _____ NO _____
- If the answer to either A or B is Yes, attach statement giving details _____

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

Employer

Company Name		Date of Employment:			
		From:		To:	
Street	City	State	Zip code	Salary	
				Position	
Contact Person	Phone Number			Reason for leaving	

Employer

Company Name		Date of Employment:			
		From:		To:	
Street	City	State	Zip code	Salary	\$
				Position	
Contact Person	Phone Number			Reason for leaving	

Employer

Company Name		Date of Employment:			
		From:		TO:	
Street	City	State	Zip code	Salary	
				Position	
Contact Person	Phone Number			Reason for leaving	

Employer

Company Name		Date of Employment:			
		From:		To:	
Street	City	State	Zip code	Salary	
				Position	
Contact Person	Phone Number			Reason for leaving	

Employer

Company Name		Date of Employment:			
		From:		To:	
Street	City	State	Zip code	Salary	
				Position	
Contact Person	Phone Number			Reason for leaving	

* 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.

DRIVING RECORD

Accident record for past 3 years or more (attach sheet if more space is needed) if none, write none

Dates		Nature of Accident (Head-on rear-end, upset, Etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty

DRIVING EXPERIENCE AND QUALIFICATIONS (if none, write none)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From Date	To Date	Approx. No of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor – 2 Trailers				
Other _____				

List States operated in for last five years: _____

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

Show any trucking, transportation or other experience that may help in your work for our 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)

PROCESS RECORD

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and completed 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 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 the company.

_____ Date

_____ Applicant's Signature

Applicant Hired _____ Rejected _____
 Date Employed _____ Point Employed _____
 Department _____ Classification _____
 (If rejected, summary report of reasons should be placed in file)

This section to be filled in by responsible officer or company representative

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal and Traffic Convictions						

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Terminated Position Release From Dismissed Voluntary Quit Other

Date

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Termination Report Placed in File _____ Supervisor _____

Office Use Only:

Emergency Contact Sheet

Please complete the following information on this sheet and turn in to your Human Resources Manager.

This information is imperative as it relates to the person we need to contact in case of an emergency. All information is kept confidential.

Thank you for your cooperation.

Last Name	First Name	Position
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Person to contact in case of emergency (Last Name, First Name)		Relationship
Phone Number 1	Phone Number 2	
Address		

Person to contact in case of emergency 2 (Last Name, First Name)		Relationship
Phone Number 1	Phone Number 2	
Address		

Special Instructions for contacting your next of kin.

Employee Signature	Date
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