

DRIVER'S APPLICATION FOR EMPLOYMENT

**Plant Peddlers, Inc.
1107 Split Oak Road
Willow Springs, MO 65793**

(ANSWER ALL QUESTIONS – PLEASE PRINT)

In Compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application: _____

Position(s) applied for: **Owner Operator** _____ **Driver** _____ **Equipment Owner** (if driver) _____

Name _____ Social Security _____

Last First Middle

Address _____

Street City

Phone _____ Cell _____

State Zip

If not at above address for 3 years, please list additional residency for past 3 years:

Street City State Zip Number of Years

Street City State Zip Number of Years

Do you have the legal right to work in the United States? _____

Date of Birth _____/_____/_____ Can you provide proof of age? _____

(Required for Truck Drivers)

In case of emergency notify _____

Name

Address

Phone

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy manual work? _____

Ever injured on the job? _____ Give nature and degree of such injuries _____

How much time lost from work in past three years for illness? _____

Would you be willing to take a physical examination? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____
Name City

EXPERIENCE AND QUALIFICATION

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? _____

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Reefer)	Dates		APPROXIMATE NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

Please list any states that you do not wish to operate in? _____

Accident History (3 years)

If no accidents within the last 3 years – check here

Date (month/year)	Nature of Accident (head-on, rear-end, upset, etc...)	Number of Fatalities	Number of Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

Date Convicted (month/year)	Violation (Other than violations involving parking only)	State of Violation	Penalty (Forfeited bond, collater and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____	_____
State	License Number	Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ Yes___ No		
If yes, give details _____		
B. Has any license, permit, or privilege ever been suspended or revoked? ___ Yes ___ No		
If yes, give details _____		

TO BE READ AND SIGNED BY APPLICANT

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. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by law.

Date

Applicant’s Signature