



# CLOVER FARMS TRANSPORTATION

**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. During periods of unemployment, list dates and write "unemployed" in employer information.)

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY STATE ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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**DRIVING HISTORY/EXPERIENCE**

**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	Hazardous Material Spill
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** check yes or no

Class of Equipment	Circle Type of Equipment	Dates From (M/Y) To (M/Y)		Approx. No. of Miles (Total)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Reefer)			
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Reefer)			
Tractor – Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Reefer)			
Tractor – Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Reefer)			
Motorcoach – School Bus more than 8 passengers <input type="checkbox"/> YES <input type="checkbox"/> NO				
Motorcoach – School Bus more than 15 passengers <input type="checkbox"/> YES <input type="checkbox"/> NO				
Other				

List states operated in for the 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 this company (other than already shown): \_\_\_\_\_

List special equipment or technical materials you can work with (other than already shown): \_\_\_\_\_

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## AVAILABILITY

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

What date can you start? \_\_\_\_\_ What category would you prefer?  Full-time  Part-time

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

## REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years known/Relationship
1.		
2.		
3.		

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

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separate sheet of paper.

Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

### 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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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, veteran status, non-job related disability, or any other protected group status.

All qualified applicants will receive consideration for employment. Additional testing of job-related skills as well as post-offer pre-employment physical (which include a drug test) may be required.

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## TO BE READ AND SIGNED BY APPLICANT

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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT FOR ANY PARTICULAR TIME FRAME OR FOR ANY PARTICULAR TERMS OR CONDITIONS.**