

CROSSROAD CARRIERS

P.O. Box 849

Baytown, Texas 77580

Phone 281-385-0790 Fax 281-385-0794

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – Please print)

In compliance with the 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, sexual orientation, veteran status or non-job related disability.

First Name: _____ Middle Initial: _____ Last Name: _____

Current Address: _____
Street _____ City _____ How Long _____
State _____ Zip Code _____ Phone _____

List your addresses of residency for the past 3 years.

Previous
Addresses _____ How Long _____
Street _____ City _____ State / Zip Code _____
How Long _____
Street _____ City _____ State / Zip Code _____
How Long _____
Street _____ City _____ State / Zip Code _____
How Long _____
Street _____ City _____ State / Zip Code _____

Are you legally entitled to work in the United States? (Circle one) Yes No

If requested, can you produce proof of age? _____

Have you worked for this company before? _____ Where? _____

From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Currently Employed? _____ If not, how long since leaving last employment? _____

How were you referred? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? (As described in the job description)

If yes, please explain.

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

HAVE YOU BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT IN THE PAST THREE YEARS? _____
IF YES, PROVIDE THE FOLLOWING INFORMATION REGARDING ALL ACCIDENTS:

DATE	STATE	DESCRIPTION OF ACCIDENT

IF YOU REQUIRE MORE ROOM, PLEASE ATTACH STATEMENT OF DETAILS TO THIS APPLICATION

MOTOR VEHICLE VIOLATIONS IN THE PAST THREE YEARS
IF NONE, LEAVE BLANK

TYPE OF VIOLATION	DATE	LOCATION	EXPLANATION

IF YOU REQUIRE MORE ROOM, PLEASE ATTACH STATEMENT OF DETAILS TO THIS APPLICATION

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL DURING THE PRECEEDING 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 VECHICLE.

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

EMPLOYER

Name: _____ From: _____ To: _____

Address: _____ Position: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact: _____ Phone: _____

Subject to FMC Safety Regulations? _____ Safety sensitive position subject to drug and alcohol testing? _____

Reason for Leaving:

EMPLOYER

Name: _____ From: _____ To: _____

Address: _____ Position: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact: _____ Phone: _____

Subject to FMC Safety Regulations? _____ Safety sensitive position subject to drug and alcohol testing? _____

Reason for Leaving:

EMPLOYER

Name: _____ From: _____ To: _____

Address: _____ Position: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact: _____ Phone: _____

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Name: _____ From: _____ To: _____

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City: _____ State: _____ Zip: _____ Salary/Wage: _____

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Subject to FMC Safety Regulations? _____ Safety sensitive position subject to drug and alcohol testing? _____

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Name: _____ From: _____ To: _____

Address: _____ Position: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact: _____ Phone: _____

Subject to FMC Safety Regulations? _____ Safety sensitive position subject to drug and alcohol testing? _____

Reason for Leaving:

EMPLOYER

Name: _____ From: _____ To: _____

Address: _____ Position: _____

City: _____ State: _____ Zip: _____ Salary/Wage: _____

Contact: _____ **Phone:** _____

Subject to FMC Safety Regulations? _____ **Safety sensitive position subject to drug and alcohol testing?** _____

Reason for Leaving:

EMPLOYER

Name: _____ **From:** _____ **To:** _____

Address: _____ **Position:** _____

City: _____ **State:** _____ **Zip:** _____ **Salary/Wage:** _____

Contact: _____ **Phone:** _____

Subject to FMC Safety Regulations? _____ **Safety sensitive position subject to drug and alcohol testing?** _____

Reason for Leaving:

*A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GWV RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZADROUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.

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 inquire 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 are 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. I understand that the information supplied relative to previous employers may be used and the employers will be contacted. You do have due process rights with respect to reviewing, correcting and rebutting statements from previous employers.

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.

Applicant's Signature

Date