

**Aldridge Trucking Co., Inc.**  
 6090 Belford Rd., Holly, MI 48442



Employment Application - Drivers

APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone			E-mail Address				
Previous Address (last 3 years):							
Date Available		Social Security No.		Desired Salary			
Position Applied for				Date of Birth			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

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 I do not have more than one motor vehicle license, the information for which is listed below.

DRIVER LICENSES			
State	License No.	Type	Expiration Date

DRIVING EXPERIENCE				
Class of Equipment (St. Truck, Semi, Doubles, etc.)	Type of Equipment (Van, Tank, Flat, Etc.)	Date From:	Date To:	Approx. No. of Miles (Total)

ACCIDENT RECORD (PAST THREE (3) YEARS OR MORE (ATTACH SHEET, IF NECESSARY))				
	Date	Nature of Accident (Head-on, Rear-end, upset, etc.)	Fatalities	Injuries
Last Accident				
Previous				
Previous				

TRAFFIC CONVICTIONS AND FORFEITURES (PAST THREE (3) YEARS, DO NOT INCLUDE PARKING VIOLATIONS)			
Location	Date	Charge	Penalty

**(Attach Sheet, if Necessary)**

Have you even been denied a license, permit or privilege to operate a motor vehicle? Yes  No

Have any license, permit or privilege ever been suspended or revoked? Yes  No

Explain if you answered yes to the above:

*Applicants which desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).*

<b>EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)</b>			
Company		Phone	( )
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	( )
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	( )
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**To Be Read and Signed by Applicant**

I authorize you to make certain investigations and inquiries to 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 current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; 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."

**DISCLAIMER AND SIGNATURE**

This certifies that I completed the application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Signature

Date