



318 Racquet Drive Fort Wayne, IN 46825 T: (260) 482-9993 T: (800) 252-7702 F: (260) 482-8790

Driver's Application for Employment

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.

				Date of Application:	
Position(s) Applied For:					
Name:				Social Security No.	
Last		First		Middle	
List your addresses of residency for the past three years.					
Current Address:					
Address and Apt. #:				City:	
State:	Zip:	Phone:		How Long:	
				yr./mo.	
Previous Addresses:					
Address and Apt. #:				City:	
State:	Zip:			How Long:	
				yr./mo.	
Address and Apt. #:				City:	
State:	Zip:			How Long:	
				yr./mo.	
Address and Apt. #:				City:	
State:	Zip:			How Long:	
				yr./mo.	
Do you have the legal right to work in the United States: YES / NO					
Date of Birth: / /				Can you provide proof of age: YES / NO	
(Required for Commercial Drivers)					
Have you worked for this company before: YES / NO			Where:		
Dates:	From	To	Rate of Pay:	Position:	
Reason for leaving:					
Are you employed now: YES / NO		If not, how long since leaving last employment:			
Who referred you:					
Have you ever been bonded: YES / NO		Name of bonding company:			
Have you ever been convicted of a felony which have not been annulled, expunged, or sealed by a court: YES / NO					
If yes, please fully explain 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 (as described in the attached job description.): YES / NO	
If yes, explain if you wish:	

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List the complete mailing address, street number, city, state, and zip code.

Applicants that plan on driving a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years of 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 if necessary.)

EMPLOYER			DATE	
Name:			From:	mo. yr.
Address:			To:	mo. yr.
City:	State:	Zip:	Position:	
Contact Person:		Phone #:	Salary/Wage:	
Did you drive a vehicle requiring a CDL: YES / NO		Reason for leaving:		
EMPLOYER			DATE	
Name:			From:	mo. yr.
Address:			To:	mo. yr.
City:	State:	Zip:	Position:	
Contact Person:		Phone #:	Salary/Wage:	
Did you drive a vehicle requiring a CDL: YES / NO		Reason for leaving:		
EMPLOYER			DATE	
Name:			From:	mo. yr.
Address:			To:	mo. yr.
City:	State:	Zip:	Position:	
Contact Person:		Phone #:	Salary/Wage:	
Did you drive a vehicle requiring a CDL: YES / NO		Reason for leaving:		
EMPLOYER			DATE	
Name:			From:	mo. yr.
Address:			To:	mo. yr.
City:	State:	Zip:	Position:	
Contact Person:		Phone #:	Salary/Wage:	
Did you drive a vehicle requiring a CDL: YES / NO		Reason for leaving:		
EMPLOYER			DATE	
Name:			From:	mo. yr.
Address:			To:	mo. yr.
City:	State:	Zip:	Position:	
Contact Person:		Phone #:	Salary/Wage:	
Did you drive a vehicle requiring a CDL: YES / NO		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.

Accident Record For Past 3 Years or More (Attach sheet if more space is needed) If none, write **none**.

Dates	Nature of Accident	Fatalities	Injuries
Last Accident:			
Prev Accident:			
Prev Accident:			

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations) If none, write **none**.

Location	Date	Charge	Penalty

(Attach Sheet If More Space is Needed)

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, State)

Experience and Qualifications - Driver

Driver Licenses	State	License No.	Type	Expiration 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 revoked: YES / NO

If the answer to either A or B is yes, give details:

Driving Experience If none, write **none**.

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approx. No. of Total Miles
		From	To	
Straight Truck				
Tractor & Semi - Trailer				
Tractor - Two Trailers				
Motor coach - School bus				
Other: _____				

List states operated in for last 5 years:

Special Courses or Training that will help you as a driver:

Which safe driving awards do you hold and from whom:

Experience and Qualifications - Other

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

To Be Read and Signed By Applicant

This certifies that this application was completed by me, and that all entries on in 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. (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 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 Gassafy Wholesale Inc.

Date

Applicant's Signature

Process Record (FOR OFFICE USE ONLY)

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 Avg.	Poor	Written Record on File
1. Applicant						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal and Traffic Convictions						

Signature of Interviewing Officer: _____

TRANSFERS

From:	To:	From:	To:
Date:		Date:	
Reason:		Reason:	
From:	To:	From:	To:
Date:		Date:	
Reason:		Reason:	

TERMINATION OF EMPLOYMENT

Date Terminated:	Department Released From:		
Dismissed:	Voluntarily Quit:	Other:	
Termination Report Placed in File:			Supervisor: