



CDL DRIVER APPLICATION

Copies of Valid Commercial Driver License, Social Security Card and Driver Record are required to process application.

Name: _____ D.O.B: _____

Home Telephone: _____ Alternate Phone: _____

PERSONAL HISTORY

Current Address: _____ City: _____ State: _____

How long have you lived at this address? _____ Months _____ Years Rent Own

If Renting:

Landlord Name: _____ Landlord Telephone: _____

Previous Address: _____ City: _____ State: _____

How long did you live at this address? _____ Months _____ Years Rent Own

If Renting:

Landlord Name: _____ Landlord Telephone: _____

Do you smoke? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain why: _____

Have you ever served time in prison or jail? Yes No

If yes, please explain why: _____

Do you have a valid Drivers License? Yes No DL#: _____

If not, please explain: _____

Is your Social Security Number valid? Yes No

If not, please explain: _____

Do you have a reliable vehicle to drive yourself to and from work? Yes No

DRIVING HISTORY

CDL License # _____ Issuing State: _____

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

If yes, please explain why: _____

Have you ever had a license, permit, or privilege suspended or revoked? Yes No

If yes, please explain why: _____

Have you ever been denied a security clearance? Yes No

If yes, please explain why: _____

List all types of equipment you have experience with.

Straight Truck Make: _____ Type: _____

Total miles driven: _____

Tractor/Semi-Trailer Truck Make: _____ Type: _____

Total miles driven: _____

List states you have operated in for the last 5 years: _____
List special courses or training you have taken: _____

List all safe driving awards you have received and from whom: _____

List all licenses currently held.

State: _____ License #: _____ Type: _____ Exp. Date: _____
State: _____ License #: _____ Type: _____ Exp. Date: _____
State: _____ License #: _____ Type: _____ Exp. Date: _____

Accident record for past 3 years (Use reverse side if more space is needed.)

Date of Accident: _____ Nature of Accident: _____
Date of Accident: _____ Nature of Accident: _____
Date of Accident: _____ Nature of Accident: _____

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Date: _____ Charge: _____
Location: _____ Penalty: _____
Date: _____ Charge: _____
Location: _____ Penalty: _____
Date: _____ Charge: _____
Location: _____ Penalty: _____

WORK HISTORY

Current or Most Recent Employer: _____
Start Date: _____ End Date: _____
Name of Supervisor: _____ Supervisor Phone: _____
Reason for Leaving: _____

Previous Employer: _____
Start Date: _____ End Date: _____
Name of Supervisor: _____ Supervisor Phone: _____
Reason for Leaving: _____

Previous Employer: _____
Start Date: _____ End Date: _____
Name of Supervisor: _____ Supervisor Phone: _____
Reason for Leaving: _____

If you have not been consistently employed, please explain why: _____

If not consistently employed, did you apply for unemployment? Yes No
In which State did you apply?: _____ Did you receive unemployment? Yes No
Have you ever worked for, or applied for a job at AM-Rail Construction in the past? Yes No
If yes, please state dates of employment: _____
What position are you applying for? _____
Have you read the job description for this particular job? Yes No
Are there any reasons that prevent or restrict you from being able to perform the responsibilities of this job? _____

EDUCATION

Did you graduate from College? _____ When? _____

What is the highest grade of High School you completed? _____

What year did you graduate? _____

REFERENCES (Cannot be relatives/family members)

1. Name: _____ Phone Number: _____

How long have you known this person? _____ Relationship: _____

2. Name: _____ Phone Number: _____

How long have you known this person? _____ Relationship: _____

3. Name: _____ Phone Number: _____

How long have you known this person? _____ Relationship: _____

Please take a moment to verify that all questions have been answered. If any questions are left blank or have been skipped, this application will NOT be considered for employment. Write "N/A" next to any question that does not apply to you.

All new hires must agree to take a Drug & Alcohol screening test prior to being accepted for employment at AM-Rail Construction. Drug and Alcohol tests will also be conducted at random. If applicant refuses to take these screenings, or if results show presence of either drugs or alcohol, this will be a basis for rejecting your application.

Your signature is evidence that you have read and agree to comply with the above Drug and Alcohol Screening Tests.

_____ Date: _____
(Signature)

I solemnly swear that all the information supplied by me on this application is the truth. Any and all documents I have submitted, including Drivers License and Social Security Card, have been legally issued to me by the State. I swear that my Social Security Number is the one that has been legally issued to me and/or has always belonged to me from birth to now. I solemnly swear that the numbers on the Social Security Card that I have submitted along with this application are accurate and have not been replaced, altered, or falsified in any way. I solemnly swear that the Drivers License I submitted along with this application is my real License with my real picture. It is not the picture of someone else, be they alive or deceased.

Your signature is evidence that you have read and agree with the above statement.

_____ Date: _____
(Signature)