

# APPLICATION FOR EMPLOYMENT



**Dedicated Logistics Services Inc**

P.O. BOX 128, Weyers Cave, VIRGINIA 24486

PHONE: (540) 453-0009      FAX: (540) 453-0026      DATE:

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<b>APPLICANTS NAME:</b>	<b>PHONE:(    )</b>
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FIRST	MIDDLE	LAST
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<b>DATE OF BIRTH :</b>	<b>SOCIAL SECURITY #</b>
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MONTH	DAY	YEAR	<small>THE US DEPT OF TRANSPORTATION REQUIRES DRIVERS TO STATE DOB. 391.21(b)(2)</small>
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<b>CURRENT ADDRESS:</b>				
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STREET	CITY	STATE	ZIP
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\*\* IF AT THE ABOVE ADDRESS LESS THAN 3 YEARS, LIST BELOW PRIOR RESIDENCE

<b>PREVIOUS ADDRESS:</b>				
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STREET	CITY	STATE	ZIP
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<b>PREVIOUS ADDRESS:</b>				
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STREET	CITY	STATE	ZIP
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<b>EMERGENCY CONTACT</b>	<b>PHONE NUMBER</b>	<b>RELATIONSHIP</b>
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<b>NEXT OF KIN</b>	<b>PHONE NUMBER</b>	<b>RELATIONSHIP</b>
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<b>POSITION APPLYING FOR:</b>
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<b>WHO REFERRED YOU ?:</b>	<b>RATE OF PAY EXPECTED ?:</b>
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<b>HAVE YOU WORKED FOR US BEFORE ?:</b>	<b>FROM</b>	<b>TO</b>
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<b>REASON FOR LEAVING ?:</b>	<small>MNTH/YR</small>	<small>MNTH/YR</small>
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<b>LAST POSITION HELD HERE :</b>	<b>RATE OF PAY ?:</b>
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<b>ARE YOU CURRENTLY EMPLOYED ?:</b>
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<b>IF NOT, HOW LONG SINCE LAST EMPLOYMENT ?:</b>
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<b>EDUCATION</b>
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<b>CIRCLE HIGHEST COMPLETED:</b> 1 2 3 4 5 6 7 8 9 10 11 12	<b>COLLEGE:</b> 1 2 3 4
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<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY ?:</b>
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<b>IF YES, EXPLAIN BELOW :</b>
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Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

## DRIVER EXPERIENCE AND QUALIFICATION

	STATE	LICENSE NUMBER	TYPE	EXPIRATION
<b>DRIVER LICENSES HELD IN THE PAST 3 YEARS</b>				

**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 \_\_\_\_\_

**C. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS ?**    YES \_\_\_\_\_    NO \_\_\_\_\_

**D. HAVE YOU EVER BEEN CONVICTED OF AN ALCOHOL RELATED MOTOR VEHICLE INCIDENT ?**    YES \_\_\_\_\_    NO \_\_\_\_\_

*IF YOU ANSWERED YES TO ANY OF THE ABOVE ATTACH A STATEMENT GIVING DETAILS OF EACH*

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE: VAN/ FLAT/ TANK	DATES		APPROX MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TWIN TRAILERS				
OTHER				

**PLEASE LIST STATES YOU HAVE OPERATED IN DURING LAST 5 YEARS:**

**LIST SPECIAL COURSES OR TRAINING THAT MAY HELP YOU AS A DRIVER :**

**LIST SAFE DRIVING AWARDS HELD AND WHO PRESENTED THEM:**

### ACCIDENT REVIEW OF PAST 3 YEARS:

DATES	NATURE OF ACCIDENT: REAR END/ HEAD ON ETC.	FATALITIES	INJURIES

### TRAFFIC CONVICTIONS AND FORFEITURES IN PAST 3 YRS, OTHER THAN PARKING

LOCATION	DATE	CHARGES	PENALTY

# EMPLOYMENT RECORD

THE U.S. DEPT. OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS SHOW ALL EMPLOYMENT FOR THE PAST 3 YEARS.  
EFFECTIVE JULY, 1987, THEY MUST ALSO SHOW COMMERCIAL DRIVER EMPLOYMENT FOR THE 7 YEARS IMMEDIATELY  
PRECEDING THIS 3 YEAR PERIOD. 391.21 (b)(10),(11)

START WITH CURRENT OR LAST EMPLOYER AND WORK BACK :

<b>CURRENT EMPLOYER:</b>		<b>SUPERVISOR:</b>
<b>ADDRESS:</b>		
<b>PHONE:</b>	<b>POSITION HELD:</b>	
<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>REASON FOR LEAVING:</b>		

<b>EMPLOYER:</b>		<b>SUPERVISOR:</b>
<b>ADDRESS:</b>		
<b>PHONE:</b>	<b>POSITION HELD:</b>	
<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>REASON FOR LEAVING:</b>		

<b>EMPLOYER:</b>		<b>SUPERVISOR:</b>
<b>ADDRESS:</b>		
<b>PHONE:</b>	<b>POSITION HELD:</b>	
<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>REASON FOR LEAVING:</b>		

<b>EMPLOYER:</b>		<b>SUPERVISOR:</b>
<b>ADDRESS:</b>		
<b>PHONE:</b>	<b>POSITION HELD:</b>	
<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>REASON FOR LEAVING:</b>		

<b>EMPLOYER:</b>		<b>SUPERVISOR:</b>
<b>ADDRESS:</b>		
<b>PHONE:</b>	<b>POSITION HELD:</b>	
<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>REASON FOR LEAVING:</b>		

<b>EMPLOYER:</b>		<b>SUPERVISOR:</b>
<b>ADDRESS:</b>		
<b>PHONE:</b>	<b>POSITION HELD:</b>	
<b>FROM:</b>	<b>TO:</b>	<b>SALARY:</b>
<b>REASON FOR LEAVING:</b>		

**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.  
I HEREBY AUTHORIZE DEDICATED LOGISTICS SERVICES, INC. TO MAKE  
SUCH INVESTIGATIONS AND INQUIRIES INTO MY PERSONAL,  
FINANCIAL, AND MEDICAL HISTORY AND OTHER RELATED MATTERS  
AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.  
I HEREBY RELEASE EMPLOYERS, PAST EMPLOYER SCHOOLS, AND  
/OR PERSONS QUESTIONED FROM ALL LIABILITY IN RESPONDING  
TO INQUIRIES IN CONNECTION WITH MY APPLICATION.**

**IN THE EVENT OF MY EMPLOYMENT, I UNDERSTAND THAT FALSE OR  
MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW  
MAY RESULT IN MY BEING DISCHARGED UPON DISCOVERY.**

**I UNDERSTAND THAT AS A CONDITION OF MY APPLICATION FOR  
EMPLOYMENT, I WILL BE REQUIRED TO UNDERGO A DRUG SCREEN,  
AND SHOULD THAT TEST PROVE POSITIVE, I WILL NOT BE CONSIDERED FOR  
EMPLOYMENT BY CROSBY TRUCKING SERVICE INC.**

**I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL THE RULES AND  
REGULATIONS OF THIS COMPANY, AS PERMITTED BY LAW.**

**PRINT FULL NAME:**

**DATE**

**SIGNATURE**

**EMPLOYER REPRESENTATIVE**

**TITLE**

**URINE DRUG TESTING CONSENT FORM**

***I HEREBY AGREE TO SUBMIT TO A URINE DRUG TEST, AS MANDATED IN THE FEDERAL REGISTER, 49 CFR, SECTION 391.***

***I UNDERSTAND THAT IF MY TEST IS POSITIVE FOR CONTROLLED SUBSTANCES, I WILL BE MEDICALLY UNQUALIFIED TO OPERATE A COMMERCIAL VEHICLE.***

***I FURTHER UNDERSTAND THAT MEDICAL REVIEW OFFICER (MRO) WILL EVALUATE THE RESULTS OF MY TEST. THIS INFORMATION WILL BE RELEASED TO MY EMPLOYER OR PROSPECTIVE EMPLOYER, BUT NOT TO ANY OTHER THIRD PARTY, WITHOUT MY PRIOR WRITTEN CONSENT.***

**PRINT NAME:**

**DATE:**

**SIGNATURE :**

**TERMINAL**

# POST-OFFER EMPLOYMENT APPLICATION

## MEDICAL HISTORY

LIST ANY PHYSICAL LIMITATIONS: GLASSES, HEARING AID, LIMB IMPAIRMENTS, DISEASES, ETC.

ARE YOU CAPABLE OF HEAVY MANUAL LABOR ?

WERE YOU EVER INJURED ON THE JOB ?

EXPLAIN ANY ON THE JOB INJURIES:

HOW MUCH TIME HAVE YOU LOST FROM WORK FOR ILLNESSES IN THE PAST 3 YEARS ?

HAVE YOU EVER RECEIVED WORKMANS COMPENSATION PAYMENTS ?

DATE OF LAST PHYSICAL \_\_\_\_\_ DOCTORS NAME \_\_\_\_\_

DOCTORS ADDRESS \_\_\_\_\_

DOCTORS TELEPHONE \_\_\_\_\_

# REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS

YOU ARE HEREBY AUTHORIZED TO GIVE *DEDICATED LOGISTICS SERVICES, INC* ANY AND ALL INFORMATION CONCERNING MY EMPLOYMENT INCLUDING ORAL/Written ASSESSMENTS OF MY JOB PERFORMANCE, CHARACTER, CONDUCT AND CONTROLLED SUBSTANCE TEST RESULTS. I HEREBY RELEASE YOU FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT'S NAME (print): \_\_\_\_\_

SSN: \_\_\_\_\_

Attention: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**Please reply to the inquiry below for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and return to Dedicated Logistics Services, Inc via fax to 540 453-0026**

Employed from (dates) \_\_\_\_\_ to \_\_\_\_\_

Did the applicant operate a vehicle on the job?  Yes  No

What type:  Straight Truck  Tractor-Trailer  Other \_\_\_\_\_

If Tractor-trailer, what type of equipment?  20'  40'  53'

Dry vans  Containers  Doubles  Tankers  Flatbeds  Reefers

In what capacity?  Over-the-road  Local What States? \_\_\_\_\_

Did the applicant have any accidents while in your employ?  Yes  No

How Many? \_\_\_\_\_ Preventable?  Yes  No Non-preventable?  Yes  No

Does your company conduct drug & alcohol screens?  Yes  No

Pursuant to 382.413 of the Federal Motor Carriers Safety Regulations please provide the following:

Has this employee tested positive in the past two (2) years for a controlled substance?  Yes  No

Has this employee tested greater than .04 breath alcohol concentration in the past two (2) years?  Yes  No

Has this employee ever refused to take a required drug or alcohol test in the past two (2) years?  Yes  No

If any of the above questions were answered Yes, please provide the following:

Substance Abuse Professional Name

Address

Phone Number

Date Referred

Applicant's reason for leaving?  Discharged  Resigned  Laid-off  Other \_\_\_\_\_

Is applicant eligible for rehire?  Yes  No

If No, please explain: \_\_\_\_\_

Did the applicant pose either repeated and/or severe disciplinary problems?  Yes  No

If Yes, please explain: \_\_\_\_\_

Name of person providing information:

Title

Date

contact phone number

Information is being requested by: \_\_\_\_\_ for **Dedicated Logistics Services Inc**

name

title

**PO Box 128  
Weyers Cave, VA 24486  
540 453-0009**