

CROSBY

TRUCKING SERVICE INC.

APPLICATION FOR EMPLOYMENT - DRIVER

P.O. BOX 28
Mount Sidney, VA 24467

Phone: (540) 234-9268
HR Fax: (540) 453-0026

APPLICANT'S NAME:				PHONE: () -	
<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	<small>SUFFIX</small>		
POSITIONS(S) APPLIED FOR: OTR Driver ___ Regional Driver ___ Local Driver ___ (check at least one)					
DATE OF BIRTH :			SOCIAL SECURITY #:		
<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>	<small>THE US DEPT OF TRANSPORTATION REQUIRES DRIVERS TO STATE DOB. 391.21(b)(2)</small>		
EMAIL ADDRESS:					
CURRENT ADDRESS:					
<small>STREET</small>		<small>CITY</small>		<small>STATE</small>	<small>ZIP</small>
<small>*** IF YOUR CURRENT ADDRESS IS LESS THAN 3 YEARS, PLEASE PROVIDE PREVIOUS ADDRESS</small>					
PREVIOUS ADDRESS:					
<small>STREET</small>		<small>CITY</small>		<small>STATE</small>	<small>ZIP</small>
EMERGENCY CONTACT:					
PHONE:			RELATIONSHIP:		
HOW DID YOU HEAR ABOUT US:					
RATE OF PAY EXPECTED:			DATE AVAILABLE TO START:		
DO YOU HAVE LEGAL RIGHT TO WORK IN THE UNITED STATES ?:					
HAVE YOU WORKED FOR US BEFORE?:			FROM:	TO:	
<small>CIRCLE ONE</small>			<small>MM/YYYY</small>	<small>MM/YYYY</small>	
REASON FOR LEAVING?:					
LAST POSITION HELD W/ CROSBY:					
ARE YOU CURRENTLY EMPLOYED?:					
IF NO, PLEASE LIST DATE OF LAST EMPLOYMENT:					
EDUCATION					
CIRCLE HIGHEST COMPLETED:			1 2 3 4 5 6 7 8 9 10 11 12		COLLEGE: 1 2 3 4 5+
LIST SPECIAL COURSES OR TRAINING THAT MAY HELP YOU AS A DRIVER:					
CDL SCHOOL:					
ADDITIONAL CDL TRAINING:					

HAVE YOU EVER BEEN CONVICTED OF A FELONY ?:

IF YES, EXPLAIN BELOW :

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

DRIVER EXPERIENCE AND QUALIFICATIONS

*****PLEASE PROVIDE A FRONT AND BACK COPY OF CURRENT DRIVERS LICENSE WITH APPLICATION*****

DRIVER'S LICENSE(S) HELD IN THE PAST 3 YEARS

STATE:	STATE:	STATE:
LICENSE #:	LICENSE #:	LICENSE #:
TYPE:	TYPE:	TYPE:
EXPIRATION:	EXPIRATION:	EXPIRATION:

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 _____

E. DURING THE PAST TWO (2) YEARS, HAVE YOU TESTED POSITIVE ON A D.O.T. DRUG AND ALCOHOL TEST, EITHER PRE-EMPLOYMENT OR OTHER, ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY SENSITIVE WORK COVERED BY THE DEPT. OF TRANSPORTATION (DOT) DRUG AND ALCOHOL TESTING RULES?:

YES _____ NO _____

F. DURING THE PAST TWO (2) YEARS, HAVE YOU REFUSED TO TEST ON A PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY SENSITIVE WORK COVERED BY THE DEPT. OF TRANSPORTATION (DOT) DRUG AND ALCOHOL TESTING RULES?:

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
STRAIGHT TRUCK		From:	To:	
TRACTOR & SEMI TRAILER		From:	To:	
TWIN TRAILERS		From:	To:	
OTHER		From:	To:	

LIST SAFE DRIVING AWARDS HELD AND WHO PRESENTED THEM:

ACCIDENT REVIEW OF PAST 3 YEARS:

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

TRAFFIC CONVICTIONS AND FORFEITURES IN PAST 3 YEARS, 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 PRECEEDING THIS 3 YEAR PERIOD. 391.21 (b)(10),(11)

START WITH CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS:

CURRENT EMPLOYER:	SUPERVISOR:
ADDRESS:	
PHONE: () -	POSITION HELD:
DATES WORKED: FROM TO	SALARY:
REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?:	
WAS YOUR JOB SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?: YES / NO	

PREVIOUS EMPLOYER:		SUPERVISOR:	
ADDRESS:			
PHONE: () - 		POSITION HELD:	
DATES WORKED: FROM		TO	SALARY:
REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?:			
WAS YOUR JOB SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?:			

PREVIOUS EMPLOYER:		SUPERVISOR:	
ADDRESS:			
PHONE: () - 		POSITION HELD:	
DATES WORKED: FROM		TO	SALARY:
REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?:			
WAS YOUR JOB SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?:			

PREVIOUS EMPLOYER:		SUPERVISOR:	
ADDRESS:			
PHONE: () - 		POSITION HELD:	
DATES WORKED: FROM		TO	SALARY:
REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?:			
WAS YOUR JOB SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?:			

PREVIOUS EMPLOYER:		SUPERVISOR:	
ADDRESS:			
PHONE: () - 		POSITION HELD:	
DATES WORKED: FROM		TO	SALARY:
REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?:			
WAS YOUR JOB SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?:			

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 CROSBY TRUCKING SERVICE, INC. TO MAKE
SUCH INVESTIGATIONS AND INQUIRIES INTO MY PERSONAL,
CRIMINAL, MOTOR VEHICLE, 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: _____

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS

YOU ARE HEREBY AUTHORIZED TO GIVE *CROSBY TRUCKING SERVICE 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 Crosby Trucking, 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

Name

Title

Crosby Trucking Service, Inc

P.O. Box 28

Mt. Sidney, VA 24467

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