

KNIGHTS SERVICES

Driver's Application for Employment

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Driver's License #	Desired Salary	
Position Applied for			
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?

EDUCATION

High School	Address	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College	Address	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company	Phone
Address	Supervisor
Job Title	
Responsibilities	

From	To	Reason for Leaving
Were you subjected to the FMCSRs while employed?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company	Phone
Address	Supervisor
Job Title	
Responsibilities	

From	To	Reason for Leaving
Were you subjected to the FMCSRs while employed?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company	Phone
Address	Supervisor
Job Title	
Responsibilities	

From	To	Reason for Leaving
Were you subjected to the FMCSRs while employed?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		
	YES	NO

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT REPORT FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED), IF NONE, WRITE NONE

	Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spills
Last Accident					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS), IF NONE, WRITE NONE

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS - DRIVER

	State	License No.	Class	Endorsement(s)	Expiration Date
Driver licenses or permits held in the past 3 years					

- 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 CHECK YES OR NO

Class of Equipment	YES <input type="checkbox"/> NO <input type="checkbox"/>		Circle Type of Equipment (Van, Tank, Flat, Dump, Refer)	Dates		Approx. No of Miles (Total)
				From (M/Y)	To (M/Y)	
Straight Truck	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi-Trailer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)			
Tractor – Two Trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)			
Tractor – Three Trailers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)			
Motor coach – School Bus +8 passengers	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Motor coach – School Bus +15 passengers	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Other						

List states operated in for last five years:

Show 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 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)

MILITARY SERVICE

Branch	From	To	
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____