

A.M. Transport Application for Employment



Personal Information

Name

Address	City	State	Zip
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Phone Number	Email Address
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Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?
Yes No

Date of birth:

Driver's License State & Number:

Education

School Name	Location	Years Attended	Degree Received	Major

Driving Experience

Class of Equipment	Type of Equipment	Date From	Date To	Approx. No. of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

Accident Record for the past 3 years or more

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

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

Locations	Date	Charge	Penalty

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

2. Has any license, permit, or privilege ever been suspended or revoked?

Employment History

Employer (1)	Job Title		Dates Employed
Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

References

Name	Title	Company	Phone

Signature Disclaimer

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.

Name (Please Print)	Signature
Date	