



## APPLICATION FOR EMPLOYMENT

**Applicant Name** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

**Date of Interview** \_\_\_\_\_

**Date Hired** \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, a qualified applicant is considered for all positions without regard to race, color, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made if and after a conditional offer of employment has been extended). I hereby release employer, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as regulations of the Company.

- Review Information provided by previous employer;
- Have errors in the information corrected by previous employers and for those employer(s) to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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



**APPLICANT TO COMPLETE**  
(Answer all questions – please print)

Position(s) Applied For \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_  
Street City  
Phone: \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code

Street City State & Zip Code How Long

Street City State & Zip Code How Long

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required for Commercial Drivers)

Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
Position \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you now employed: \_\_\_\_\_

If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_

Name of bonding Company \_\_\_\_\_



Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the function of the job for which you have applied (as described in the attached job description?)

If yes, explain if you wish:

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street numbers, city, state, and zip code.

Applicants to driver a commercial motor vehicle \* in interstate commerce shall also provide an additional 7 years information on those Employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order, starting with the most recent. Add another sheet as necessary)

Employer	From Mo: Yr:
Name	To: Mo: Yr:
Address	Position Held:
City State: Zip:	Salary/Wage:
Contact Person	
Contact Phone#:	
Reason for leaving:	
Were you subject to FMCSR's+ While Employed Yes [ ] No [ ]	
Was your job designated as a safety-sensitive function in any DOT - Regulated mode subject to the Drug & Alcohol requirements of 49CFR Part 40 Yes [ ] No [ ]	



Employer	From Mo:                      Yr:
Name	To: Mo:                      Yr:
Address	Position Held:
City                                      State:                      Zip:	Salary/Wage:
Contact Person	
Contact Phone#:	
Reason for leaving:	
Were you subject to FMCSR's+ While Employed                      Yes [    ]    No [    ]	
Was your job designated as a safety-sensitive function in any DOT - Regulated mode subject to the Drug & Alcohol requirements of 49CFR Part 40                      Yes [    ]    No [    ]	

Employer	From Mo:                      Yr:
Name	To: Mo:                      Yr:
Address	Position Held:
City                                      State:                      Zip:	Salary/Wage:
Contact Person	
Contact Phone#:	
Reason for leaving:	
Were you subject to FMCSR's+ While Employed                      Yes [    ]    No [    ]	
Was your job designated as a safety-sensitive function in any DOT - Regulated mode subject to the Drug & Alcohol requirements of 49CFR Part 40                      Yes [    ]    No [    ]	



Employer	From Mo: Yr:
Name	To: Mo: Yr:
Address	Position Held:
City State: Zip:	Salary/Wage:
Contact Person	
Contact Phone#:	
Reason for leaving:	
Were you subject to FMCSR's+ While Employed Yes [ ] No [ ]	
Was your job designated as a safety-sensitive function in any DOT - Regulated mode subject to the Drug & Alcohol requirements of 49CFR Part 40 Yes [ ] No [ ]	

Employer	From Mo: Yr:
Name	To: Mo: Yr:
Address	Position Held:
City State: Zip:	Salary/Wage:
Contact Person	
Contact Phone#:	
Reason for leaving:	
Were you subject to FMCSR's+ While Employed Yes [ ] No [ ]	
Was your job designated as a safety-sensitive function in any DOT - Regulated mode subject to the Drug & Alcohol requirements of 49CFR Part 40 Yes [ ] No [ ]	





Employer	From Mo:                      Yr:
Name	To: Mo:                      Yr:
Address	Position Held:
City                      State:                      Zip:	Salary/Wage:
Contact Person	
Contact Phone#:	
Reason for leaving:	
Were you subject to FMCSR's+ While Employed                      Yes [   ]    No [   ]	
Was your job designated as a safety-sensitive function in any DOT - Regulated mode subject to the Drug & Alcohol requirements of 49CFR 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 Safety Regulation (FMCSRs) apply to anyone operating a motor vehicles on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs 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 quantity requiring placarding.**



**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE “NONE”**

Date	Nature of Accident	Fatalities	Injuries	Hazardous

**Traffic Convictions and Forfeitures for Past 3 year (Other than space is needed) if none, write “NONE”**

Location	Date	Charge	Penalty

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**Experience and Qualifications – Driver**

**List all driver licenses or permits held in the past 3 years**

Driver Licenses	State	License No.	Type	Expiration Date

**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:**

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**Drivers Experience Check Yes or No**

Class of Equipment	Check Type of Equipment	Date From (M/Y) to (M/Y)	Approx. # Of Miles
Straight Truck Yes [ ] No [ ]	<u>VAN</u> <u>TANK</u> <u>FLAT</u> <u>DUMP</u> <u>REFER</u>		
Tractor and Semi-trailer Yes [ ] No [ ]	<u>VAN</u> <u>TANK</u> <u>FLAT</u> <u>DUMP</u> <u>REFER</u>		
Tractor - Two Trailer Yes [ ] No [ ]	<u>VAN</u> <u>TANK</u> <u>FLAT</u> <u>DUMP</u> <u>REFER</u>		
Tractor - Three Trailer Yes [ ] No [ ]	<u>VAN</u> <u>TANK</u> <u>FLAT</u> <u>DUMP</u> <u>REFER</u>		
Motor Coach - School Bus Yes [ ] No [ ] no more than 8	-		
Motor Coach - School Bus Yes [ ] No [ ] no more than 15	-		
Other: _____			

**List state operated in for the last 5 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 Qualification – Other**

**Show any trucking, other than shown elsewhere in this Application**

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**List special equipment or technical materials you can work with (other than those already shown)**

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**Education**

**Check highest grade completed: 1 2 3 4 5 6 7 8    High School: 1 2 3 4    College: 1 2 3 4**

**Last school attended \_\_\_\_\_ City/State \_\_\_\_\_**

**To be read and signed by Applicant**

**This certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.**

**Signature: \_\_\_\_\_**

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



**Applicant Release & Authorization**  
**Applicant Information**

I hereby authorize HireRight or any authorized company designated by Quest Transport, LLC, bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release, indemnify and discharge my prospective employer or other source providing information from any and all claims, liabilities and/or damages arising out of or relating to any investigation of my background for said purpose. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

Applicant Name: \_\_\_\_\_  
Last First Middle

Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

International Code: \_\_\_\_\_ Sex: Male [ ] Female [ ] Race: \_\_\_\_\_

License# \_\_\_\_\_ State: \_\_\_\_\_

Phone#: (\_\_\_\_\_) \_\_\_\_\_

**Please provide 7 years of Residential History. Additional Years Searched Request**

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

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**Alias (AKA): Last Name**

Last Name	First Name	Middle
1		
2		
3		

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_