



# Driver's Application For Employment

**STI IS AN EQUAL OPPORTUNITY EMPLOYER. FEDERAL AND STATE LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR DISABILITY. NO QUESTION ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT BECAUSE OF HIS OR HER AGE, RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR DISABILITY.**

## General Information

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Phone

ADDRESS > \_\_\_\_\_ How Long? \_\_\_\_\_

FOR PAST > Street City State & Zip

THREE > \_\_\_\_\_

YEARS > \_\_\_\_\_ How Long? \_\_\_\_\_

Street

City

State & Zip

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

Date of birth? \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Drivers)

Have you worked for this company before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

When? 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 been convicted of a felony within the past 7 years? Yes No If yes, please explain: \_\_\_\_\_

## Education

Circle 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: \_\_\_\_\_

## Experience and Qualifications

|                            | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|----------------------------|-------|-------------|------|-----------------|
| <b>DRIVER<br/>LICENSES</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 \_\_\_\_\_

If the answer to either A or B is a Yes, please give details: \_\_\_\_\_

| CLASS OF EQUIPMENT             | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC.) | DATES |    | APPROX. # OF<br>MILES (TOTAL) |
|--------------------------------|--|-------|----|-------------------------------|
|                                |  | FROM  | TO |                               |
| STRAIGHT TRUCK _____           |  |       |    |                               |
| TRACTOR AND SEMI-TRAILER _____ |  |       |    |                               |
| TRACTOR – TWO TRAILERS _____   |  |       |    |                               |
| 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? \_\_\_\_\_

## Driving Record

Accident record for past 3 years or more (attach sheet if more space is needed)

| DATES               | NATURE OF ACCIDENT<br>(Head-on, Rear-end, Upset, etc.) | FATALITIES | INJURIES |
|---------------------|--|------------|----------|
| Last Accident _____ |  |            |          |
| Next Previous _____ |  |            |          |
| Next Previous _____ |  |            |          |

Traffic convictions and forfeitures for the past 3 years (other than parking violations) Attach sheet if needed.

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

## Employment History

All driver applicants must provide the following information on all employers during the preceding 3 years.

All drivers with a Class A or Class B license shall also provide an additional 7 years' information on those employers for whom the applicant operated a vehicle. (List employers in reverse order starting with the most recent. Add another sheet if necessary.)

| EMPLOYER       |       | DATE               |             |
|----------------|-------|--------------------|-------------|
| Name           |       | From<br>Mo/Yr      | To<br>Mo/Yr |
| Address        |       | Position Held      |             |
| City           | State | Zip                |             |
| Contact Person |       | Phone Number       |             |
|                |       | Reason for Leaving |             |

| EMPLOYER       |       | DATE               |             |
|----------------|-------|--------------------|-------------|
| Name           |       | From<br>Mo/Yr      | To<br>Mo/Yr |
| Address        |       | Position Held      |             |
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| Contact Person | Phone Number |               | Reason for Leaving |

**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 authorize investigation of all statements contained in this application. I release from all liability all persons, companies, and corporations supplying such information and I indemnify this employer against any liability which might result from making such investigation. I understand that misrepresentation or omission of facts called for is cause for dismissal. If employed by STI, and in consideration of my employment, I agree to conform to its rules and regulations, and I agree that my employment and compensation is for no definite period, regardless of the date of payment of my wages, and I can be terminated, with or without cause, and with or without notice at any time at the option of either STI or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by STI and that no representative of STI, other than John K. Snider, and then only when in writing and signed by such person, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

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