

Application for Employment: **CDL Driver**



Shannon Staffing, Inc.
100 E Ohio Ave
Mount Vernon, OH 43050

Date of Application: _____

*In compliance with local, state and federal employment laws, qualified applicants are considered for all positions without regard to race, religion, color, national origin, ancestry, gender, gender identity, sexual orientation, age, physical or mental disability, marital status, military or veteran status, genetic information or any other protected classification. This application is valid for 30 days from the date above. To be considered for employment after that time a new application must be completed. **This application must be completed by the applicant.***

First: _____ Middle: _____ Last: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

If you have lived at your current address *for less than 3 years*, please record the next 2 prior addresses below:

Address: _____ City: _____ Zip: _____

Address: _____ City: _____ Zip: _____

Do you have reliable transportation to get to and from work? Yes _____ No _____

How did you hear about Shannon Staffing, Inc.? _____

DRIVER EXPERIENCE AND QUALIFICATIONS

Type of Driver's License: _____ Class: _____

Endorsements: _____

Issuing State: _____ License Number: _____

How long have you had this Class of Driver License? Years: _____ Months: _____

Date of Birth: ____/____/____ Driver's License Expires: ____/____/____ SS# ____ - ____ - _____

Expiration of DOT physical: ____/____/____ Total commercial driving experience in years: _____

The next page outlines the types of driver assignments for which we hire. Please list any experience you may have in each category. If you would be willing to work a specific driving position that you are qualified for but do not have any experience in that category, check the position and enter zero (0) in the experience column.

DRIVING EXPERIENCE

Please write in your actual years of experience with each of the following. If no experience, please leave blank. For less than one year, write in 1 mo, 2 mos, 3 mos, etc. reflecting the number of months of experience.

Years		Years		Years	
	A Driver CDL		A Driver OTR		B Driver Flatbed
	A Driver Doubles		A Driver Flatbed		D Driver
	A Driver Triples		A Driver Reefer		D Driver CDL
	A Driver Team		A Driver "B" Work		D Driver Dump Truck
	A Driver Straight Truck		Hazmat		Forklift / Donkey
	A Driver Dump Truck		B Driver CDL		Driver Heavy Equipment
	A Driver Tanker		B Driver OTR		
	A Driver Hostler		B Driver Dump Truck		

Please make a checkmark (or indicate the number of years) next to each category of cargo that you have experience transporting:

Years		Years		Years	
	Appliances		Garden Supplies		Office Supplies
	Batteries		General Freight		Packaging Materials
	Building Materials		Glass		Plastic Products
	Cabinets		Insulation		Plumbing Supplies
	Carpet		Liquor		Rail Cars
	Concrete		Lumber		Roofing Materials
	Doors & Windows		Mail		Steel
	Flowers / Plants		Mattresses		Styrofoam
	Food Products		Medical Supplies		Vehicle Parts
	OTHER (list):				

MOVING VIOLATIONS

List all motor vehicle violations (excluding parking violations) for the past three years.

	Date	City, State	Violation	Penalty/Fine
Violation #1				
Violation #2				
Violation #3				

Violation Comments: _____

Have you ever worked as a Driver for another staffing agency? Yes _____ No _____
 If yes, please list the staffing company name and dates of service:

Company #1: _____ Dates Employed: _____

Company #2: _____ Dates Employed: _____

EMPLOYMENT HISTORY

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 10 (ten) years of employment history. This includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in any quantity requiring a placard. Please provide ten (10) years even if you do not have ten (10) years of commercial driving.

Please start with the most recent employer and complete all sections:

EMPLOYER		<u>Employed From</u>	<u>Employed To</u>
Name:			
Address:		Position:	
City, State, Zip:		Hourly Wage:	
Contact Person:	Phone#:	Reason For Leaving:	
Were you subject to the Federal Motor Carriers Safety Regulations while employed? YES NO			
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			

EMPLOYER		<u>Employed From</u>	<u>Employed To</u>
Name:			
Address:		Position:	
City, State, Zip:		Hourly Wage:	
Contact Person:	Phone#:	Reason For Leaving:	
Were you subject to the Federal Motor Carriers Safety Regulations while employed? YES NO			
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			

EMPLOYER		<u>Employed From</u>	<u>Employed To</u>
Name:			
Address:		Position:	
City, State, Zip:		Hourly Wage:	
Contact Person:	Phone#:	Reason For Leaving:	
Were you subject to the Federal Motor Carriers Safety Regulations while employed? YES NO			
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			

OTHER EXPERIENCE & QUALIFICATIONS

What other trucking or transportation experience do you have? _____

Have you had any other training related to trucking or transportation? _____

List any special equipment you have used in the past that might be relevant to working here: _____

EMERGENCY CONTACTS

Name	Phone	Relation To You
1)		
2)		
3)		

QUESTIONNAIRE

Questions/Statements	YES	NO
Are you at least 21 years of age?		
Do you have at least 12 months of verifiable commercial driving experience?		
Do you have a current DOT Medical Long Form?		
Have you ever been convicted of driving under the influence of alcohol or drugs?		
Do you currently have charges pending for driving under the influence of alcohol or drugs?		
Has your license been suspended or revoked within the last 3 years?		
Have you had any traffic violations arising from or in connection with a fatal traffic accident within the last 3 years?		
Do you have 4 or more driving related violations in the last 3 years?		
Have you ever tested positive for a DOT drug and/or alcohol test? **		
Have you ever refused to take a DOT drug and/or alcohol test? **		
Have you been convicted of a felony in the past 7 years? **		
Do you currently have felony charges pending? **		

**Not necessarily disqualifying. Please explain: _____

DRUG & ALCOHOL TESTING

I understand that as required by the Federal Motor Carrier Safety Regulations and Company policy, all prospective employees must submit to a controlled substance test involving the collection of a urine sample which will be tested according to the Department of Transportation standards.

I understand if I test positive for the use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the Company’s Medical Review Officer before any positive test results are reported. The results of the drug test will be maintained by the Medical Review Officer for the Company. The Medical Review Officer may release the results to my examining physician if so desired.

I hereby agree to submit to a urine drug test. I authorize Shannon Staffing, Inc. to report all drug testing results to Client companies who request such information as part of my service for said Client. This authorization is valid until withdrawn by me in writing.

I certify that I have read, understand and have received a copy of the Employee Handbook which outlines the Company’s Drug / Controlled Substance Policy. By accepting employment, I consent to submit to drug testing and to comply with all of the requirements of the Federal Motor Carrier Safety Regulations, and any other federal, state or local laws.

CERTIFICATION & SIGNATURE

- 1) I hereby release employers, schools, health care providers and other persons/entities from all liability in responding to inquiries and releasing information in connection with my application.
- 2) In the event I am hired, I understand that false or misleading information given in my application or interview(s) may result in termination.
- 3) I understand and acknowledge that I am required to abide by all rules and regulations of the Company.
- 4) I will immediately notify Shannon Staffing, Inc. if a Client offers me direct hire employment.
- 5) I will not allow riders in any Client vehicles under any circumstances.
- 6) Not everyone who applies will be hired and the Company does not discuss hiring decisions.
- 7) I acknowledge that the information I provided above as well as information on other pre-employment forms regarding my driving record, previous employment, drug and alcohol testing, medical record, work history and related information will be checked and verified, then used to make a hiring decision. I consent to have this and any other information I provide, used for this purpose.
- 8) Inquiries regarding medical history will be made only after a conditional offer of employment has been extended.
- 9) I certify that this application was completed by me and that all entries/information are true, accurate and complete to the best of my knowledge.

Applicant Signature

Date Submitted