



Application for Employment Transport Specialist

BURNS MOTOR FREIGHT, INC. - P.O. BOX 149 - MARLINTON, WV 24954 - PHONE: (304) 799-6106
www.burnsmotorfreight.com

COMMERCIAL MOTOR VEHICLE DRIVER - APPLICATION FOR EMPLOYMENT

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant _____ Date _____

Name _____ Phone (____) _____
Last First Middle A/C

Current Address _____
Street or Box No City State Zip

If at current address for less than 3 years, list previous address below:

Street or Box No _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ (DOT requirement for drivers.) Social Security Number _____

In case of emergency notify: _____ Phone: (____) _____

POSITION APPLYING FOR:

- Over the Road
- Chip Haul / Longwood

- Local
- Other _____

Who referred you? _____

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

College 1 2 3 4

Last school attended _____

Name _____ Address/City _____ Phone _____

GENERAL

Date of last DOT physical examination: _____ Have you been granted any type of medical waiver? Yes No

Have you ever been denied a license, permit or privilege to operate any motor vehicle? Yes No

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? Yes No

Have you ever been disqualified from driving for violations of the Federal Motor Carrier Safety Regulations? Yes No

Have you ever been convicted of a felony? Yes No

(Note if yes, please explain fully on a separate piece of paper. A felony conviction will not automatically disqualify an applicant for employment)



APPLICANT MUST READ & SIGN

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of a record or not, and applicant releases employers and persons herein from all liability for any damages on account of his furnishing such information

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report including information regarding my character, general reputation, personal characteristics, and mode of living I agree to provide such additional information and complete such examinations as may be required to complete my employment file

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself

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

Applicants Signature _____

Date _____

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant hired? Yes No Date of Birth _____ (month/day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If not hired, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Driver applicants only

Signature of Interviewing Officer _____ Date _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed Voluntary Quit Other

Termination Report Placed in File _____ Supervisor _____



COMMERCIAL VEHICLE DRIVING EXPERIENCE

Driver's Licenses held in last three years:

State	License Number	Class/Endorsements	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin				
Other				

States Operated in:

(List all states you have driven in as a truck driver)

Commodities Hauled:

(List the types of commodities you have hauled as a truck driver)

Accidents in the last 3 years in any type of motor vehicle *(Attach a separate sheet if more space is needed).*

Date	Nature of Accident (Head-On, Rear-End, Upset, etc)	Injuries	Fatalities

Traffic Convictions (other than parking) in the last 3 years in any type of vehicle

Location	Date	Charge	Penalty

Have you worked for this company before? Yes No What Position? _____

From _____ to _____ Supervisor _____

Have you worked for this company under a different name? Yes No If yes, under what name? _____

Names of any relatives working for this company: _____

Are you currently employed? Yes No If not, how long since you were last employed? _____



EMPLOYMENT HISTORY

The U S DOT requires applicants for driving positions list the last 3 years of employment history This is regardless of the type of employment Additionally, applicants must list any employment in the previous 10 years that involved truck driving (vehicles over 10,000 pounds)

Start with the last or current position, including any military experience and work back (Attach separate sheet if necessary)

Last Employer: _____ Fax #: _____

Supervisor: _____ Phone: _____

Address: _____

Job Held _____ Date Started _____ Date Ended _____

Reason for leaving _____

Were you subject to the FMCSRs under this employer? ___ Yes ___ No

Did you perform a safety-sensitive function for this employer? ___ Yes ___ No

Next Previous Employer: _____ Fax #: _____

Supervisor: _____ Phone: _____

Address: _____

Job Held _____ Date Started _____ Date Ended _____

Reason for leaving _____

Were you subject to the FMCSRs under this employer? ___ Yes ___ No

Did you perform a safety-sensitive function for this employer? ___ Yes ___ No

Next Previous Employer: _____ Fax #: _____

Supervisor: _____ Phone: _____

Address: _____

Job Held _____ Date Started _____ Date Ended _____

Reason for leaving _____

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Next Previous Employer: _____ Fax #: _____

Supervisor: _____ Phone: _____

Address: _____

Job Held _____ Date Started _____ Date Ended _____

Reason for leaving _____

Were you subject to the FMCSRs under this employer? ___ Yes ___ No

Did you perform a safety-sensitive function for this employer? ___ Yes ___ No

If additional space is required to list all previous employer's please attach a separate sheet, include all information in same format as above