

Application for Commercial Driver Employment

Semcac

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www.semcac.org

To applicant: We appreciate your interest in our agency. To determine whether your qualifications meet the needs of the position you are applying for we need a complete understanding of your background and work history. Please print legibly.

APPLICANT INFORMATION

Date of Application:	Email:	
Last Name:	First:	Middle:
Address:	City/State/Zip:	
Home/Cell Phone #:()	Other contact #:()	
Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary desired:	
On what date will you be available for work?	Hours available:	
Date of Birth:	Social Security Number:	

List your address of residence for the past 3 years (ATTACH SHEET IF MORE SPACE IS NEEDED)

Previous Address _____
Street City State Zip How Long?

EMPLOYMENT DESIRED

Position you are applying for:

Summarize special skills and qualifications:

RECORD OF EDUCATION

School	Name/Address	Course of Study	Year Completed	Graduate	Diploma/ Degree
Elementary			5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	

High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any certifications, recognition, special honors, or awards you have received:

REFERENCE AND JOB HISTORY INFORMATION
List employers beginning with most recent
All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state & zip code. Applicants to drive a commercial motor vehicle shall also provide an additional 7 years information on those employers for whom the applicant operated such a vehicle.

Employer:	Supervisor:
Address:	
Phone:	
Job Title:	Dates of Employment:
Reason For Leaving:	
Summarize the type of work performed and job responsibilities:	

Were you subject to a Safety Sensitive Position subject to 49 CFR part 40 Substance & Alcohol Testing? Yes _____ No _____

Employer:	Supervisor:
Address:	
Phone:	
Job Title:	Dates of Employment:
Reason For Leaving:	
Summarize the type of work performed and job responsibilities:	

Were you subject to a Safety Sensitive Position subject to 49 CFR part 40 Substance & Alcohol Testing? Yes _____ No _____

Employer:	Supervisor:
Address:	
Phone:	
Job Title:	Dates of Employment:
Reason For Leaving:	
Summarize the type of work performed and job responsibilities:	

Were you subject to a Safety Sensitive Position subject to 49 CFR part 40 Substance & Alcohol Testing? Yes _____ No _____

May we contact the listed employers? Yes No, explain:

Attach additional sheet if necessary for additional employers

ACCIDENTS – record for past 3 years

Date

Type of Accident
Fatalities/Injuries

Traffic Violations, Convictions or Forfeitures – last 3 years

Location

Date
Charge & Penalty

DRIVERS LICENSES – any past or current held licensing

State

License Number

Date

Type and Expiration

DRIVING EXPERIENCE – If None - Write “None”

Class of Equipment

Type of Equipment

From/To

Total Miles

Straight Truck

Tractor, Semi-Trailer

Motor Coach

School Bus

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

Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

Have you ever tested positive in a pre-employment test? Yes ___ No ___

Have you ever refused to take a drug test? Yes ___ No ___

**PERSONAL REFERENCE
Other than relatives**

Name and Occupation		Address Phone Number

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision in accordance of CFR 391.23. The applicant also has the right to review information provided by previous employers.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that an employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that if I am employed, I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Note to applicants: **HAVE YOU RECEIVED A JOB DESCRIPTION INFORMING YOU ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING AND A REVIEW OF THE ACTIVITIES INVOLVED IN SUCH JOB OR OCCUPATION?**

Yes NO

If yes, are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

If Semcac employs you, you will be required by Federal Law to complete the Immigration and Naturalization Service Form I-9 to verify your identity and employment eligibility.

You may add a resume to this application for more detail

*****Equal Opportunity Employer*****

Nov/2016