

# APPLICATION FOR EMPLOYMENT

TOP NOTCH TRUCKING

*Use your mouse to navigate through the application process*

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Have you had any other drivers license in any other state in the last 5 years? If so what state and license number if available? \_\_\_\_\_

When would you like to start?  Immediately  1 week  2 weeks  3 weeks

**Personal References:** (Fill out all three.)

Name: \_\_\_\_\_ City & state: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you legally eligible for employment in the U.S? \_\_\_\_\_

Have you had a valid US License for the last 2 years? \_\_\_\_\_

What endorsements do you have? \_\_\_\_\_

Do you have TWIC? \_\_\_\_\_

Were you in the Military? \_\_\_\_\_ Dates enrolled & discharged: \_\_\_\_\_

Have you ever been arrested while driving intoxicated? If so, list dates with city, state and county information. (Include description) \_\_\_\_\_

Have you had any auto accidents in the last 5 years? If so, list appx. dates with city, state and county information. (Include description) \_\_\_\_\_

Have you had any traffic tickets in the last 5 years? If so, list appx. dates with city, state and county information. (Include description & fines) \_\_\_\_\_

Has your license ever been suspended or revoked? If so, list aprx. dates with city, state and county information. (Include description & fines) \_\_\_\_\_

Have you used illegal drugs or prescription marijuana in the past 5 months? \_\_\_\_\_

In the past 5 years, have you failed or refused a pre-employment drug screen? \_\_\_\_\_

In the last three years have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

Have you ever been charged with or convicted of a felony? If so, list appx. dates with city, state and county information. (Include description, jail time & fines) \_\_\_\_\_

Have you ever been charged with or convicted of a misdemeanor? If so, list appx. dates with city, state and county information. (Include description, jail time & fines) \_\_\_\_\_

Have you ever applied to, or been employed by, this company in the past? \_\_\_\_\_

Have you ever been to truck driving school? \_\_\_\_\_ If yes, School name and Location and date of attendance and graduation: \_\_\_\_\_

GPA at driving school? \_\_\_\_\_

How many verifiable months of experience driving a tractor trailer do you have? \_\_\_\_\_

In the last 5 years, how many months of experience do you have driving tractor trailer? \_\_\_\_\_

How many states total have you driven a tractor trailer in? \_\_\_\_\_

**Work Experience:** Please detail your entire work history for the last 5 years if you are an experienced driver. 3 years of work history is required for non-experienced drivers. Begin with your current or most recent employer. Attach additional sheets if necessary. Please explain any gaps in employment. You may NOT attach a resume for this information. Fill out completely.

Address, zip code and telephone number is required.

Dates Employed: From: To:	Company:	Title:
Street:	City :	State: Zip:
Phone number:	Reason for leaving:	Contact person:

Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____
--	--	---

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Address, zip code and telephone number is required.**

Dates Employed: From: _____ To: _____	Company:	Title:
Street:	City :	State: _____ Zip: _____
Phone number:	Reason for leaving:	Contact person:
Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Address, zip code and telephone number is required.**

Dates Employed: From: _____ To: _____	Company:	Title:
Street:	City :	State: _____ Zip: _____
Phone number:	Reason for leaving:	Contact person:
Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Address, zip code and telephone number is required.**

Dates Employed: From: _____ To: _____	Company:	Title:
Street:	City :	State: _____ Zip: _____
Phone number:	Reason for leaving:	Contact person:
Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address, zip code and telephone number is required.

Dates Employed: From:                      To:	Company:	Title:
Street:	City :	State:                      Zip:
Phone number:	Reason for leaving:	Contact person:
Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address, zip code and telephone number is required.

Dates Employed: From:                      To:	Company:	Title:
Street:	City :	State:                      Zip:
Phone number:	Reason for leaving:	Contact person:
Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address, zip code and telephone number is required.

Dates Employed: From:                      To:	Company:	Title:
Street:	City :	State:                      Zip:
Phone number:	Reason for leaving:	Contact person:
Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address, zip code and telephone number is required.

Dates Employed: From:                      To:	Company:	Title:
Street:	City :	State:                      Zip:
Phone number:	Reason for leaving:	Contact person:
Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address, zip code and telephone number is required.

Dates Employed: From: To:	Company:	Title:
Street:	City :	State: Zip:
Phone number:	Reason for leaving:	Contact person:
Are you currently working for this employer? _____	Was this a full-time position? _____ Was this a driving position? _____	What type of truck? _____ Type(s) trailer? _____

If unemployed during these dates please explain? Did you receive unemployment benefits? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***DRIVER APPLICATION EMPLOYMENT DISCLAIMER***

By submitting this application I certify that I personally have completed this application and that all of the information is true and correct. I hereby authorize Haul of Fame Trucking and it's agents or contractors that receive this application to cause to be conducted, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, driving record, credit history, past work experience, educational background, alcohol or drug test results, or failure to submit to an alcohol or drug test, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. If hired or contracted this authorization for the above reports shall remain on file and shall serve as ongoing authorization to procure consumer reports at any time during my employment or contract period.

I have completed this application of my own free will and hold Haul of Fame Trucking and it's agents and contractors harmless for all liability for providing this application for my use. I have read and understand the position description and certify that I am able to meet the requirements of this position and may be contacted by, which may include, but is not limited to, email contact, phone contact, direct mail contact.

Accept \_\_\_\_ (or) Decline \_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date