

# *Emergency Road Response, Inc.*

## Driver Employment Application

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

**REFERRED BY:**

### PERSONAL DESCRIPTION

Full Name: _____ <small>(Last) (First) (Middle)</small>			Social Security Number: — — —	
Date of Birth: / /		Current Address:		
Phone Number: ( )		Code (Street) (City) (State) (Zip)		
Fax Number: ( )		E-Mail Address:		
Cell Phone: ( )				
Emergency Contact Name / Relationship:		Emergency Contact Phone Number: ( )		

### EXPERIENCE & QUALIFICATIONS

Valid Drivers License Number:		State License Issued From:	Date License Expires:
License Type: (i.e. Chauffeur's, CDL, Class A, etc)		List CDL Endorsements:	
Have you <u>ever</u> been denied a Permit, License?	Has your license <u>ever</u> been suspended, revoked or denied? Yes No	All Dates:	
Explain any license suspension or revocation:			
Have you <u>ever</u> been convicted of a felony offense? Yes No If yes, explain:			

### DRIVING EXPERIENCE

POWER EQUIPMENT	TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES DRIVEN IN
STRAIGHT TRUCK/VAN			
TRACTOR TRAILER	POWER UNIT: TRAILER:		
BUS	SCHOOL: COACH:		
TOW TRUCK/OTHER (SPECIFY)			

### THREE YEAR ACCIDENT RECORD

DATE	NATURE OF ACCIDENT (Rear End, Jackknife, Roll Over)	Number of Injuries	Number of Fatalities	Personal Vehicle?	Commercial Vehicle?

### THREE YEAR TRAFFIC CONVICTION RECORD

DATE	CHARGE	STATE	PENALTY	COMMERCIAL VEHICLE?



**EDUCATION**

Please circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Degree:

Other Training:

Do you have full knowledge of the Federal Motor Carrier Safety Act, Rules and Regulations? :

Are you now employed? Yes No If hired, when would you be available to begin work?

Are you prevented from lawful employment, in this country, because of immigration status? Yes No

**10 YEAR EMPLOYMENT HISTORY (USE ADDITIONAL SHEETS, IF NECESSARY)**

Have you worked for this company before? Yes No If Yes, Where? Dates: / / To / /

Position: Reason for Leaving:

**Last Employer**

Name of Company

Phone Number: ( )

Address:

(Street)

(City)

(State)

(Zip Code)

From: / / To: / /

Position:

Name of Supervisor:

Reason for Leaving:

**2nd Last Employer**

Name of Company

Phone Number: ( )

Address:

(Street)

(City)

(State)

(Zip Code)

From: / / To: / /

Position:

Name of Supervisor:

Reason for Leaving:

**3<sup>rd</sup> Last Employer**

Name of Company

Phone Number: ( )

Address:

(Street)

(City)

(State)

(Zip Code)

From: / / To: / /

Position:

Name of Supervisor:

Reason for Leaving:

**4th Last Employer**

Name of Company

Phone Number: ( )

Address:

(Street)

(City)

(State)

(Zip Code)

From: / / To: / /

Position:

Name of Supervisor:

Reason for Leaving:

**NOTICE TO APPLICANT**

Applicant – if employer has not explained or provided a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

Can you perform the functions described in the job description? Yes No

Please explain how, with or without reasonable accommodation, you will be able to perform those functions:

**APPLICANT MUST READ AND SIGN**

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification. I agree and understand that the employer and/or his or her agents may investigate my background to ascertain any and all information that may have bearing on this application and to confirm the factual information I have provided.

I agree and understand that if hired, I will be on a 90-day probationary period during which time I may be discharged without recourse.

My signature certifies that this application was completed by me, and that all entries on it and information in it, are true and correct to the best of my knowledge.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY – APPLICANT DO NOT WRITE BELOW THIS LINE**

<b>1<sup>ST</sup> Employer Contact</b>			
	<b>Date</b>	<b>Name of Person Contacted</b>	<b>Information</b>
<b>2<sup>ND</sup> Employer Contact</b>			
	<b>Date</b>	<b>Name of Person Contacted</b>	<b>Information</b>
<b>3<sup>RD</sup> Employer Contact</b>			
	<b>Date</b>	<b>Name of Person Contacted</b>	<b>Information</b>
<b>4<sup>TH</sup> Employer Contact</b>			
	<b>Date</b>	<b>Name of Person Contacted</b>	<b>Information</b>