

DRIVER INFORMATION FORM
(PLEASE PRINT)

EMPLOYEE NAME: _____
(LAST) (FIRST) (MI)

ADDRESS:

(CITY) (STATE) (ZIP)

MAILING ADDRESS FOR CHECK IF DIFFERENT FROM ABOVE:

HOME PHONE # _____ CELL # _____

EMERGENCY CONTACT

NAME: _____ PHONE # _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # ____-____-____

LICENSE INFORMATION

STATE: ____ LIC #: _____ EXP. DATE: _____

CLASS: _____ ENDORSEMENTS: _____

MARRIED OR SINGLE: _____ # OF EXEMPTIONS: _____

MEDICAL EXAM CERTIFICATE DUE DATE: _____

DRIVERS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DRIVER CODE: _____ DRIVERS #: _____

DATE OF HIRE: _____ KELLER: ____ MADDOCKS: ____/____

CO. & RATE OF PAY: _____ OR O/O'S NAME: _____

APPLICATION FOR EMPLOYMENT



E. J. A. TRUCKING, INC.
6040 Baumgartner Ind. Dr.
St. Louis, MO 63129
Phone: 314-845-2700
Fax: 314-845-2711

APPLICANT NAME _____ DATE OF APPLICATION _____
(PRINT)

APPLICANTS SIGNATURE _____ DATE _____

THIS CERTIFIES THAT THE APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position(s) Applied For: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Social Security Number ____ -- ____ -- ____

List your addresses of residency for the past 3 years:

Current Address: _____
Street City
State Zip Phone: _____ How _____
yr./mo.

Previous Addresses:

1.) _____ How _____
Street City State & Zip Code yr./mo.

2.) _____ How _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? _____ Name of bonding company: _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

*Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish _____

EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** 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			

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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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