DRIVER INFORMATION FORM

(PLEASE PRINT)

EMPLOYEE :	NAME:		
	(LAST)	(FIRST)	(MI)
ADDRESS:			
(CITY)	(STATE)	(ZIP)
MAILING ADDRES	S FOR CHECK	IF DIFFERENT	FROM ABOVE:
HOME PHONE #		_ CELL #	
EMERGENCY CONTACT	-		
NAME:		PHONE #	
DATE OF BIRTH:/	/ SO	CIAL SECURITY #	
LICENSE INFORMATION	<u>1</u>		
STATE: LIC #:		EXP. D	OATE:
CLASS: ENI	OORSEMENTS: _		
MARRIED OR SINGLE: _			
MEDICAL EXAM CERTII	FICATE DUE DA	TE:	
DRIVERS SIGNATURE: _		DA7	ГЕ:
	FOR OFFI	CE USE ONLY	
DRIVER CODE:		PRIVERS #:	
DATE OF HIRE:	KELLER:	MADDOCKS: _	/
CO. & RATE OF PAY:	OR O/O'S	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 NAM	TE		DATE OF APPLICAT	ION
	(PRINT)	_		·
APPLICANTS SIG	NATURE_		DATE	
	THAT THE APPLICATION			
	ND INFORMATION IS T			
all positions without	Federal and State equal emploregard to race, color, religionany other protected group states.	n, sex, national origin, a		
Position(s) Applied I	For:			_
Name:	(LAST)			_
	(LAST)	(FIRST)	(MIDDLE)	
Social Security Num	ber	<u></u>		
List your addresses of Current Address:	of residency for the past 3 years	ars:		
	Street		City	_
State	Phone Zip	:	How yr./mo.	
Previous Addresses: 1.)			How How Code yr./mo.	_
Street	City	State & Zip	Code yr./mo.	
2.)			How	_
Street	City	State & Zip	Code yr./mo.	
Do you have the lega	al right to work in the United	States?	of age?	
(Required for Comm	ercial Drivers)	can you provide proof	or age	
Have you worked for	r this company before? R	Where?		
Dates: From	To R	ate of Pay	Position	
Reason for leaving:	10 If4 1 1-		1	
Who referred you?	ved? If not, how lo	ong since leaving last em	ovposted:	
Have you ever been 1	bonded?	Rate of pay	expected: nding company:	
(Answer only if a job	requirement)	Name of ool	numg company	
If yes, please explain	convicted of a felony? on a separate sheet of paper	. Conviction of a crime	is not an automatic bar to	o employment –
all circumstances wil	ll be considered.			
	you might be unable to perfo			
	ched job description)?			
If yes, explain if you				

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address (street number, city, state, and zip code).

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle

EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS

(NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER – (CURRENT/MOST RECENT)			DATE	
NAME		,	FROM	ТО
ADDRESS			POSITION H	ELD
CITY	STATE	ZIP	SALARY/WA	\G E
CONTACT PERSON		PHONE NUMBER	REASON FO	R LEAVING
WERE YOU SUBJECT	TO THE FMCSRs *	* WHILE EMPLOYED?	Yes	_ No
	UBJECT TO THE D	FETY-SENSITIVE FUNCT DRUG AND ALCOHOL T Yes No		Y DOT-
E	MPLOYER		DAT	E
NAME			FROM	ТО
ADDRESS			POSITION H	ELD
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FO	R LEAVING
WERE YOU SUBJECT	TO THE FMCSRs *	* WHILE EMPLOYED?	Yes _	_ No
	UBJECT TO THE D	FETY-SENSITIVE FUNCT DRUG AND ALCOHOL T Yes No		Y DOT-
E	MPLOYER		DAT	E
NAME			FROM	ТО
ADDRESS			POSITION H	ELD
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FO	R LEAVING
WERE YOU SUBJECT	TO THE FMCSRs *	* WHILE EMPLOYED?	Yes _	_ No
	UBJECT TO THE D	FETY-SENSITIVE FUNCT DRUG AND ALCOHOL T Yes No		Y DOT-

EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS **EMPLOYER** DATE NAME FROM TO POSITION HELD ADDRESS CITY STATE ZIP SALARY/WAGE REASON FOR LEAVING CONTACT PERSON PHONE NUMBER 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 **EMPLOYER** DATE FROM **NAME** ТО POSITION HELD **ADDRESS** SALARY/WAGE **CITY STATE** ZIP REASON FOR LEAVING **CONTACT PERSON** PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? 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

EMPLOYER			DATE	
NAME			FROM	ТО
ADDRESS			POSITION HE	ELD
CITY	STATE	ZIP	SALARY/WA	GE
CONTACT PERSO	N	PHONE NUMBER	REASON FOR	R 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				

^{*}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.

EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS **EMPLOYER DATE** FROM NAME ТО POSITION HELD **ADDRESS** CITY SALARY/WAGE **STATE** ZIP REASON FOR LEAVING **CONTACT PERSON** PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? Yes 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 **EMPLOYER DATE** FROM TO **NAME** POSITION HELD **ADDRESS** SALARY/WAGE ZIP **CITY STATE** CONTACT PERSON REASON FOR LEAVING PHONE NUMBER 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 REOUIREMENTS OF 49 CFR PART 40? Yes No

	EMPLOYER		DATI	Ξ
NAME			FROM	ТО
ADDRESS			POSITION HE	ELD
CITY	STATE	ZIP	SALARY/WA	GE
CONTACT PERSO	N	PHONE NUMBER	REASON FOR	R LEAVING
WERE YOU SUBJE	CT TO THE FMCSRs *	* WHILE EMPLOYED?	Yes	_ No
		FETY-SENSITIVE FUNC DRUG AND ALCOHOL T		Y DOT-
	OF 49 CFR PART 40?	Yes No	ESTINO	

^{*}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.

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EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS

EMPLOYER	DATE		
NAME		FROM	ТО
ADDRESS		POSITION HE	LD
CITY STATE	ZIP	SALARY/WA	GE
CONTACT PERSON	PHONE NUMBER	REASON FOR	LEAVING
WERE YOU SUBJECT TO THE FMCSRs **	WHILE EMPLOYED? _	Yes	_ No
WAS YOUR JOB DESIGNATED AS A SAFE			DOT-
REGULATED MODE SUBJECT TO THE DR		ESTING	
REQUIREMENTS OF 49 CFR PART 40?	Yes No		
EMPLOYER		DA	ГЕ
NAME		FROM	ТО
ADDRESS		POSITIO	N HELD
CITY STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs	s ** WHILE EMPLOYED)? Yes	No
WAS YOUR JOB DESIGNATED AS A SA	FETY-SENSITIVE FUN	CTION IN A	NY DOT-
REGULATED MODE SUBJECT TO			NG
REQUIREMENTS OF 49 CFR	PART 40? Yes	No	
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITIO	N HELD
CITY STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FO	OR LEAVING
WERE YOU SUBJECT TO THE FMCSR:	s ** WHILE EMPLOYEI	D? Yes	No
WAS YOUR JOB DESIGNATED AS A SA	FETY-SENSITIVE FUN	CTION IN A	NY DOT-
REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING			
REQUIREMENTS OF 49 CFR	R PART 40? Yes	No	

^{*}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.

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