



APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

POSITION APPLYING FOR

DATE

LAST

FIRST

MIDDLE

PERSONAL INFORMATION

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER? YES NO

PHONE NO.

APARTMENT NO.

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED NOW?

IS SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

EVER WORKED FOR THIS COMPANY BEFORE?

WHERE?

WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

WHO REFERRED YOU
TO THIS COMPANY

EMPLOYMENT AGENCY

NEWSPAPER ADVERTISEMENT

OTHER

STATE EMPLOYMENT
OFFICE

COLLEGE PLACEMENT
SERVICE

WALKED IN

FRIEND

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED?	*DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

*This form has been revised to comply with the provision of the American with Disabilities Act and the final Registrations and interpretive guidance promulgated by the EEOC on July 25, 1991

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

Reference 1

NAME

PHONE NUMBER

ADDRESS

BUSINESS

YEARS ACQUAINTED

Reference 2

NAME

PHONE NUMBER

ADDRESS

BUSINESS

YEARS ACQUAINTED

Reference 3

NAME

PHONE NUMBER

ADDRESS

BUSINESS

YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE
RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

DATE
OBLIGATION ENDS

ANSWER QUESTIONS ON PAGE 5 & 6 ONLY IF APPLYING FOR A DRIVER POSITION

DRIVER EXPERIENCE & QUALIFICATION

DATE OF BIRTH

SS#

APPLICANTS RESIDENCE WITHIN THE LAST 3 YEARS

STREET

CITY

STATE

ZIP

STREET

CITY

STATE

ZIP

STREET

CITY

STATE

ZIP

Licenses

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit of privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations: Yes _____ No _____
- If you answered "yes" to A, B, C, attach a statement giving details

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LCV's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

ANSWER QUESTIONS ON PAGE 5 & 6 ONLY IF APPLYING FOR A DRIVER POSITION

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21(b)(10), (11) Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____
month/year month/year

Reason for Leaving: _____

After October 29, 2004, were you subject to the FMCSR's while employed here? YES _____ NO _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? YES _____ NO _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____
month/year month/ye

Reason for Leaving: _____

After October 29, 2004, were you subject to the FMCSR's while employed here? YES _____ NO _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? YES _____ NO _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____
month/year month/year

Reason for Leaving: _____

After October 29, 2004, were you subject to the FMCSR's while employed here? YES _____ NO _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? YES _____ NO _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____
month/year month/year

Reason for Leaving: _____

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Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____
month/year month/year

Reason for Leaving: _____

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Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? YES _____ NO _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED
■ A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

■ ARE YOU A U.S. CITIZEN? _____ YES _____ NO

■ ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

■ JOB FUNCTION 1: HEAVY, REPETITIVE LIFTING UP TO 70 LBS. YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

■ JOB FUNCTION 2: YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

■ WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

■ COMMENTS:

AUTHORIZATION

**I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL THE ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.*

*IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. **

DATE

SIGNATURE



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