



Quali-T-ruck Service, Inc
3767 E. Church Avenue
Fresno, CA 93725
(559) 485-9211
(559) 485-7703 Fax

DRIVER'S APPLICATION

PERSONAL INFORMATION

DATE _____

Name: _____ **Social Security No.:** _____
(Last) (First) (Middle)

Date of Birth (Required by the U.S. Department of Transportation, Section 391.21): _____ / _____ / _____

Telephone Number: (_____) _____ **Alternate Telephone Number:** (_____) _____

Present Address: _____
(Street or Route) (City) (State) (Zip Code)

(Street or Route) (City) (State) (Zip Code)

Addresses for the past three years _____
(Street or Route) (City) (State) (Zip Code)

(Street or Route) (City) (State) (Zip Code)

Position applied for: _____ **Salary Required: \$** _____

Who referred you to seek employment here? _____

Have you ever worked for QTS before? _____ **When** _____

In case of an Emergency notify: **Name:** _____ **Phone:** (_____) _____ **Relationship:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____



DRIVER'S APPLICATION

EXPERIENCE AND QUALIFICATIONS

List any special equipment you can operate: _____

State qualifications which you feel may help you in the position for which you are applying: (i.e., experience, skills, etc.)

State the nature and extent of any academic or professional education or vocational training you have had which is related to the position for which you are applying:

Truck driving experience (years): _____ Types operated: _____

Heavy equipment experience (Type): _____

Maintenance shop experience (years): _____

List number and type of Safety Awards received: _____

LIST BELOW THE OPERATOR'S LICENSES YOU HAVE HELD DURING THE LAST 3 YEARS

	State	License Number	Type	Expiration Date
Motor Vehicle Operator Licenses				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

If the answer to either of the above questions is yes, please give details: _____

ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH AN EXTRA SHEET IF MORE THAN 3 ACCIDENTS)

	Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND BOND OR COLLATERAL FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty



DRIVER'S APPLICATION

WORK EXPERIENCE

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide ten years information on those employers for whom the applicant has worked. (Attach an extra sheet if more space is needed.)

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
		MONTH	YEAR
1.			
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	YEAR
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		
NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
2.		MONTH	YEAR
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	YEAR
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		
NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
3.		MONTH	YEAR
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	YEAR
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		
NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
4.		MONTH	YEAR
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	YEAR
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		
NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
5.		MONTH	YEAR
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	YEAR
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		



DRIVER'S APPLICATION

WORK EXPERIENCE (CONTINUED)

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide ten years information on those employers for whom the applicant has worked. (Attach an extra sheet if more space is needed.)

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
		MONTH	YEAR
6.			
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	OR HOURLY RATE
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		
NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
7.		MONTH	YEAR
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	OR HOURLY RATE
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		
NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
8.		MONTH	YEAR
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	OR HOURLY RATE
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		
NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
9.		MONTH	YEAR
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	OR HOURLY RATE
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		
NAME AND ADDRESS OF EMPLOYER (MOST RECENT)		DATE HIRED	STARTING SALARY
10.		MONTH	YEAR
IMMEDIATE SUPERVIOR (NAME AND POSITION)	TELEPHONE		
JOB TITLE AND DESCRIPTION OF DUTIES		DATE LEFT	ENDING SALARY
		MONTH	OR HOURLY RATE
REQUIRED TO OPERATE A COMMERCIAL MOTOR VEHICLE?	IF YES, LIST VEHICLE TYPE		



DRIVER'S APPLICATION

EMPLOYMENT DISCLOSURE

In the event this application results in my employment by Quali-T-Ruck Service, Inc. (QTS), in consideration of my employment, I agree to abide by QTS's rules, regulations and policies, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of QTS. I further agree to submit, upon request, at any time, to a physical examination, including a test for drugs; controlled substances, or alcohol usage, by a QTS physician. Except in connection with my job duties for QTS, I agree that, during the term of my employment with QTS and thereafter, I will neither reveal any confidential information or trade secrets to persons outside QTS's nor use such confidential information or trade secrets on my behalf or that of any other. At no time will I interfere with QTS's relationship with its other employees. My answers to the foregoing questions are given to induce QTS to employ me, and false statements will be considered sufficient cause for my dismissal in the event this application results in my employment.

I give QTS the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability QTS and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that the information provided may be used and that my prior employers may be contacted for the purpose of investigating my background (as required by U.S. Department of Transportation, Section 391.23).

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

Date: _____ Signature: _____