



**ACCIDENT RECORD**

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A MOTORIZED VEHICLE IN THE **PAST 5 YEARS**. INCLUDE ALL ACCIDENTS WHETHER AT FAULT OR NOT AT FAULT (If none, write none). LIST MOST RECENT AT TOP. Attach sheet if more space needed.

Date	Vehicle Type	NATURE OF ACCIDENT (Head on, Rear-end, Upset, Etc.)	Were you At fault?	Were you Ticketed?	Fatalities	Injuries	Amount of Property Damage

**LIST ALL DRIVER'S LICENSES EVER HELD**

State	License Number	Type	Expiration Date	Current Status	Dates Surrendered
Current:					

Do you possess a current Commercial Driver's License (CDL)?  Yes  No Which endorsements do you have, if any? \_\_\_\_\_

**TRAFFIC CONVICTIONS AND FORFEITURES**

LIST ALL TRAFFIC CONVICTIONS, FORFEITURES, OR SUSPENSION OF LICENSE IN A MOTOR VEHICLE (other than parking violations) FOR THE **PAST 5 YEARS** (if none, write none).

Date	Type of Vehicle	Location	Charge	Penalty

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Reefer, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

List States operated in for the last five years \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

Show any trucking, transportation, or other experience that may help in your work for this company \_\_\_\_\_

List courses and training other than shown elsewhere in this application \_\_\_\_\_

## EMPLOYMENT RECORD FOR PAST 5 YEARS (10 YEARS OF COMMERCIAL DRIVING)

Begin with your present or most recent job and work backwards in order, listing your employers for at least 5 years including all full and part-time employment. All time must be accounted for including military service, school, self-employment, and periods of unemployment. Provide 10 years of commercial driving employment. Use supplementary sheet if necessary for more than 5 employers. List all employment for most recent 3 years, and commercial driving only for remaining 7 years to equal 10 years commercial driving experience. We must have telephone numbers for all employers and references.

Are you presently employed?    Yes    No                      May we call this employer?    Yes    No

Current Employer	Name _____ Supervisor _____
Dates of Employment	Address _____
FROM _____	Number/Street                      City                      State                      Zip
TO _____	Telephone ( _____ )                      Position Held _____
(month, year)	Rate of Pay _____                      Number of States Driven in _____
	Why do you want to change employers? _____

- Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Straight Truck    | <input type="checkbox"/> Tractor & Semi-Trailer | <input type="checkbox"/> Tractor & Twin Trailer |
| <input type="checkbox"/> Tractor & Flatbed | <input type="checkbox"/> Tractor & Tanker       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Reefer            | <input type="checkbox"/> Produce                |   |

2 <sup>nd</sup> Last Employer	Name _____ Supervisor _____
Dates of Employment	Address _____
FROM _____	Number/Street                      City                      State                      Zip
TO _____	Telephone ( _____ )                      Position Held _____
(month, year)	Rate of Pay _____    No. of States Driven in _____    May we call this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Why did you change employers? _____

- Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Straight Truck    | <input type="checkbox"/> Tractor & Semi-Trailer | <input type="checkbox"/> Tractor & Twin Trailer |
| <input type="checkbox"/> Tractor & Flatbed | <input type="checkbox"/> Tractor & Tanker       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Reefer            | <input type="checkbox"/> Produce                |   |

3 <sup>rd</sup> Last Employer	Name _____ Supervisor _____
Dates of Employment	Address _____
FROM _____	Number/Street                      City                      State                      Zip
TO _____	Telephone ( _____ )                      Position Held _____
(month, year)	Rate of Pay _____    No. of States Driven in _____    May we call this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Why did you change employers? _____

- Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Straight Truck    | <input type="checkbox"/> Tractor & Semi-Trailer | <input type="checkbox"/> Tractor & Twin Trailer |
| <input type="checkbox"/> Tractor & Flatbed | <input type="checkbox"/> Tractor & Tanker       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Reefer            | <input type="checkbox"/> Produce                |   |

4 <sup>th</sup> Last Employer	Name _____ Supervisor _____
Dates of Employment	Address _____
FROM _____	Number/Street                      City                      State                      Zip
TO _____	Telephone ( _____ )                      Position Held _____
(month, year)	Rate of Pay _____    No. of States Driven in _____    May we call this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Why did you change employers? _____

- Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Straight Truck    | <input type="checkbox"/> Tractor & Semi-Trailer | <input type="checkbox"/> Tractor & Twin Trailer |
| <input type="checkbox"/> Tractor & Flatbed | <input type="checkbox"/> Tractor & Tanker       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Reefer            | <input type="checkbox"/> Produce                |   |

EMPLOYMENT RECORD CONTINUED

5 <sup>th</sup> Last Employer	Name _____	Supervisor _____
Dates of Employment	Address _____	
FROM _____	Number/Street _____	City _____ State _____ Zip _____
TO _____ (month, year)	Telephone (____) _____	Position Held _____
	Rate of Pay _____	No. of States Driven in _____ May we call this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Why did you change employers? _____	

- Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Straight Truck    | <input type="checkbox"/> Tractor & Semi-Trailer | <input type="checkbox"/> Tractor & Twin Trailer |
| <input type="checkbox"/> Tractor & Flatbed | <input type="checkbox"/> Tractor & Tanker       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Reefer            | <input type="checkbox"/> Produce                |   |

6 <sup>th</sup> Last Employer	Name _____	Supervisor _____
Dates of Employment	Address _____	
FROM _____	Number/Street _____	City _____ State _____ Zip _____
TO _____ (month, year)	Telephone (____) _____	Position Held _____
	Rate of Pay _____	No. of States Driven in _____ May we call this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Why did you change employers? _____	

- Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Straight Truck    | <input type="checkbox"/> Tractor & Semi-Trailer | <input type="checkbox"/> Tractor & Twin Trailer |
| <input type="checkbox"/> Tractor & Flatbed | <input type="checkbox"/> Tractor & Tanker       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Reefer            | <input type="checkbox"/> Produce                |   |

7 <sup>th</sup> Last Employer	Name _____	Supervisor _____
Dates of Employment	Address _____	
FROM _____	Number/Street _____	City _____ State _____ Zip _____
TO _____ (month, year)	Telephone (____) _____	Position Held _____
	Rate of Pay _____	No. of States Driven in _____ May we call this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Why did you change employers? _____	

- Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Straight Truck    | <input type="checkbox"/> Tractor & Semi-Trailer | <input type="checkbox"/> Tractor & Twin Trailer |
| <input type="checkbox"/> Tractor & Flatbed | <input type="checkbox"/> Tractor & Tanker       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Reefer            | <input type="checkbox"/> Produce                |   |

8 <sup>th</sup> Last Employer	Name _____	Supervisor _____
Dates of Employment	Address _____	
FROM _____	Number/Street _____	City _____ State _____ Zip _____
TO _____ (month, year)	Telephone (____) _____	Position Held _____
	Rate of Pay _____	No. of States Driven in _____ May we call this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Why did you change employers? _____	

- Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Straight Truck    | <input type="checkbox"/> Tractor & Semi-Trailer | <input type="checkbox"/> Tractor & Twin Trailer |
| <input type="checkbox"/> Tractor & Flatbed | <input type="checkbox"/> Tractor & Tanker       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Reefer            | <input type="checkbox"/> Produce                |   |

Answering yes to any of the below questions will not necessarily make you ineligible for hire.	YES	NO
A. Have you <b>EVER</b> been denied a license, permit, or privilege to operate a motor vehicle?		
B. Has any license, permit, or privilege <b>EVER</b> been suspended or revoked?		
C. Have you <b>EVER</b> been arrested/convicted for driving under the influence of drugs or alcohol or do you have a current charge pending (DUI/OUI)?		
D. Have you <b>EVER</b> been arrested/convicted for possession, sale or use of a narcotic drug, amphetamine, or derivative thereof or have a current charge pending?		
E. Have you <b>EVER</b> been convicted of a crime or have a current charge pending?		
F. Have you <b>EVER</b> been convicted of an offense involving the use of drugs or alcohol?		
G. Have you <b>EVER</b> tested positive on any drug test, tested at a breath alcohol concentration level of 0.02% or greater on a breath alcohol test, or refused to take a drug or alcohol test when you were required to do so in accordance with any federal regulation on a pre-employment basis or with a previous/current employers company policy?		

If you answered YES to any of the above you must state the Circumstances and Date. Use supplementary sheet if necessary.

- I understand that Van Eerden Trucking is under no obligation to hire me, and that any employment I am offered will not be for any specified period of time, and that if my employment is terminated by either party at will with or without notice or cause, and that no representative of Van Eerden Trucking has authority to enter into any agreement with me contrary to the foregoing. I understand that nothing contained in my employment applications, or in granting of an interview is intended to create an employment contract between Van Eerden Trucking and myself for either employment or for the providing of any benefit. I understand that none of the benefits or policies in any handbook issued to me by Van Eerden Trucking are intended by reason of its publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by Van Eerden Trucking, or to change my status as an "at will" employee. I understand that all statements and provisions in the handbook are procedural or are a guideline and that Van Eerden Trucking has the right to change any policy, benefit, or procedure at any time without notice.
- I hereby authorize VanEerden Trucking to conduct a complete criminal investigation of my background, in compliance with State and Federal laws.
- I understand I will be required to submit to and pass a drug test, an alcohol test, or other tests, as required, as a condition of pre-employment and thereafter as warranted by Van Eerden Trucking policy and/or federal regulation. I understand that Van Eerden Trucking may contract with a third party to assist in the administration of drug and alcohol testing and agree to this party being provided with all information to which Van Eerden Trucking is entitled and subject to the same confidentiality requirements as Van Eerden Trucking. I further understand that any offers made to me will be contingent on the results of the tests. A positive reading from the test will automatically null and void any offers or considerations made to me.
- Under the authority granted me by 49 CFR Parts 391.89, 40.37, 40.81(l), 382.405(h), and 382.409, I hereby authorize and require my previous and current employers specifically listed by me on page 3 and page 4 of this application as well as any other person or company provided by me in writing or by verbal interview by whom I was employed or whom I applied for employment in the two year period preceding the date of this application to release the date, type of test, and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test, to the Director of Driver Personnel or the Applicant Service Representative assigned to process my application at Van Eerden Trucking. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04% or greater, or refused to take any drug or alcohol test, I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment(if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employers of any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.
- If employed, I agree to abide by and observe all Company rules and regulations. I consent and agree that Van Eerden Trucking has the right to search my personal property located on VanEerden's property, along with VanEerden's desks, lockers, tool kits, etc., for the purpose of investigating possible violations of Company rules.
- I hereby authorize Van Eerden Trucking to obtain any medical documentation or information concerning my past or present medical history after job offer is made. I hereby release all such persons from any liability or damages.
- I hereby authorize, without liability, any person or organization, including but not limited to, any educational institution, training facility or any institution, whose name I have given as financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of Record, or any felony, or misdemeanor of which I have been convicted.
- I specifically authorize employers listed on page 3 and 4 to release to Van Eerden Trucking drug test and medical test results.
- If it is found that I have falsified any information provided on my application, I understand that my employment with Van Eerden Trucking could be terminated.

This certifies that this 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 \_\_\_\_\_

Applicant's Signature X \_\_\_\_\_