

Van Eerden Trucking

Equal Opportunity Employer and At Will Employer

FORM VET (1)
Driver Application
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VAN EERDEN TRUCKING
10299 South Kent Drive SW, Byron Center, MI 49315
PHONE 1-800-748-0470
FAX 616-877-0496

PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS

Level of Experience

Experienced Driver
Vans/Reefer

Experienced Driver
Flat Bed

Little or No Experience - Have
Graduated Truck Driving School

Other _____

Solo Driver

Team Driver - Team Partner Name _____

This application will be considered for thirty (30) days from this date. After that time, the application must be renewed to be considered.

An individual is not permitted to drive a motor vehicle by the Department of Transportation unless he/she is physically qualified to do so. If, prior to a conditional offer of employment, you are certain as to whether or not you are capable of passing the DOT physical or have questions about the requirements, you may submit your application and, if contacted about employment, request additional information from our personnel. A conditional offer of employment may be made, thereafter, you will be required to answer some medical questions. You may still be sent for a physical examination. Any information provided to Van Eerden Trucking is strictly confidential and will be used only for the purposes allowed by the Department of Transportation.

PERSONAL

NAME _____ SOCIAL SECURITY# _____
FIRST MIDDLE LAST

Have you ever been known by any other name? If yes, give name. _____

Present Address _____ Phone(_____)_____
NUMBER, STREET

CITY STATE ZIP

Address for Past 3 Years _____
NUMBER, STREET CITY STATE, ZIP

Date of Birth _____ / _____ / _____
(This information is required to obtain a motor vehicle record.)

Do you have the legal right to work in the U.S.? Yes No
If hired, proof of status will be required.

How did you hear about Van Eerden Trucking? _____

Referred by: _____

Have you worked for our company before? Yes No If yes, when? _____

Reason for leaving _____

Is there any reason you might be unable to perform the essential functions of the job as described in the OTR Driver job description (available upon request)?
 Yes No

If yes, explain _____

Person to be notified in case of EMERGENCY NAME _____

Address _____
NUMBER/STREET CITY STATE ZIP

Phone (_____) _____ Relation _____

EDUCATION/MILITARY

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Were you in the Military? Yes No Military Branch _____

Dates: From _____ to _____ Highest Rank Achieved _____ Rank at Discharge _____

FOR OFFICE PERSONNEL ONLY

Date Received _____ / _____ / _____

Status _____

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 is 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 to 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.

If Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

Current Employer Dates of Employment FROM _____ TO _____ (month, year)	Name _____ Supervisor _____ Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we call the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Address _____ Number/Street _____ City _____ State _____ Zip _____ Telephone (_____) _____ Position Held _____ Rate of Pay _____ Number of States Driven in _____ Why do you want to change employers? _____
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List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor & flat bed tractor & tanker other _____

If Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

2nd Last Employer Dates of Employment FROM _____ TO _____ (month, year)	Name _____ Supervisor _____ Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we call the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Address _____ Number/Street _____ City _____ State _____ Zip _____ Telephone (_____) _____ Position Held _____ Rate of Pay _____ Number of States Driven in _____ Why did you change employers? _____
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List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor & flat bed tractor & tanker other _____

If Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

3rd Last Employer Dates of Employment FROM _____ TO _____ (month, year)	Name _____ Supervisor _____ Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we call the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Address _____ Number/Street _____ City _____ State _____ Zip _____ Telephone (_____) _____ Position Held _____ Rate of Pay _____ Number of States Driven in _____ Why did change employers? _____
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List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor & flat bed tractor & tanker other _____

If Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

4th Last Employer Dates of Employment FROM _____ TO _____ (month, year)	Name _____ Supervisor _____ Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we call the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Address _____ Number/Street _____ City _____ State _____ Zip _____ Telephone (_____) _____ Position Held _____ Rate of Pay _____ Number of States Driven in _____ Why did you change employers? _____
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List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor & flat bed tractor & tanker other _____

If Unemployed: From _____ To _____

Did you receive unemployment benefits? Yes No

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

List months of experience with each type of equipment: straight truck tractor & semi-trailer tractor & twin trailer
 tractor & flat bed tractor & tanker other _____

- A. Have you ever been denied a license, permit, or 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 arrested/convicted for driving under the influence of drugs or alcohol or do you have a current charge pending? Yes No
- D. Have you ever been arrested/convicted for possession, sale or use of a narcotic drug, amphetamine, or derivative thereof or have a current charge pending? Yes No
- E. Have you ever been convicted of a crime or have a current charge pending? Yes No
- F. Have you ever been convicted of an offense involving the use of drugs or alcohol? Yes No
- G. Have you ever 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? Yes No

IF THE ANSWER TO A, B, C, D, E, F, OR G IS YES, YOU MUST STATE CIRCUMSTANCES AND DATE-USE SUPPLEMENTARY SHEET IF NECESSARY.

1. 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 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.
2. I hereby authorize Van Eerden Trucking to conduct a complete criminal investigation of my background, in compliance with State and Federal laws.
3. 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.
4. 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 of 4 and page 4 of 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.
5. 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 Van Eerden's property, along with Van Eerden's desks, lockers, tool kits, etc., for the purpose of investigating possible violations of Company rules.
6. 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.
7. 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.
8. I specifically authorize employers listed on page 3 and 4 to release to Van Eerden Trucking drug test and medical test results.
9. 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 _____

* A signed application is required before an offer of employment is extended.