

DRIVER APPLICATION FORM

COMPANY NAME: **Shah Trucking, LLC**

COMPANY ADDRESS: 2641 Riverport Road Chattanooga TN 37416
STREET CITY STATE ZIP

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will only be made if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by CFR 49 391.23(d) and (e). I understand that I have a right to:

- ❖ Review information provided by current/previous employers;
- ❖ Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- ❖ Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature _____ Date _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP YEARS AT LOCATION

PAST THREE YEARS RESIDENCY 1) _____
STREET CITY STATE ZIP YEARS AT LOCATION

2) _____
STREET CITY STATE ZIP YEARS AT LOCATION

3) _____
STREET CITY STATE ZIP YEARS AT LOCATION

SOCIAL SECURITY NUMBER

MAIN PHONE NUMBER

SECONDARY PHONE NUMBER

DATE OF BIRTH

Employment History (Use additional sheets if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (a total of ten years employment history).

You are required to list the complete mailing address: street number and name, city, state and zip code. Any gaps of employment for more than (30) Thirty Days must be explained.

Current or LAST EMPLOYER: NAME _____ Phone Number (____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

POSITION HELD: _____ FROM _____ TO _____
Month / Year Month / Year

Reasons for leaving: _____

Where you subject to the FMCSR* while employed? YES NO

Was your position designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of CFR49 Part 40 YES NO

SECOND LAST EMPLOYER: NAME _____ Phone Number (____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

POSITION HELD: _____ FROM _____ TO _____
Month / Year Month / Year

Reasons for leaving: _____

Where you subject to the FMCSR* while employed? YES NO

Was your position designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of CFR49 Part 40 YES NO

THIRD LAST EMPLOYER: NAME _____ Phone Number (____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

POSITION HELD: _____ FROM _____ TO _____
Month / Year Month / Year

Reasons for leaving: _____

Where you subject to the FMCSR* while employed? YES NO

Was your position designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of CFR49 Part 40 YES NO

FORTH LAST EMPLOYER: NAME _____ Phone Number (____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

POSITION HELD: _____ FROM _____ TO _____
Month / Year Month / Year

Reasons for leaving: _____

Where you subject to the FMCSR* while employed? YES NO

Was your position designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of CFR49 Part 40 YES NO

FIFTH LAST EMPLOYER: NAME _____ Phone Number (____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

POSITION HELD: _____ FROM _____ TO _____
Month / Year Month / Year

Reasons for leaving: _____

Where you subject to the FMCSR* while employed? YES NO

Was your position designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of CFR49 Part 40 YES NO

SIXTH LAST EMPLOYER: NAME _____ Phone Number (____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

POSITION HELD: _____ FROM _____ TO _____
Month / Year Month / Year

Reasons for leaving: _____

Where you subject to the FMCSR* while employed? YES NO

Was your position designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of CFR49 Part 40 YES NO

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 _____

IF YOUR ANSWER TO EITHER A OR B IS YES, PLEASE ATTACH A STATEMENT GIVING THE DETAILS OF EACH INCIDENT

DRIVING EXPERIENCE (IF NONE, PLEASE WRITE NONE)				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SIMI-TRAILER				
TRACTOR & TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER				

LIST ALL STATES OPERATED IN FOR THE LAST (5) FIVE YEARS _____

LIST ALL COURSE OR TRAINING THAT WOULD HELP YOU AS A DRIVER _____

LIST ALL SAFETY DRIVING AWARDS YOU HOLD AND FROM WHOM _____

LIST ANY TRANSPORTATION EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST ANY COURSES OR TRAINING (OTHER THAN THOSE ALREADY LISTED) _____

LIST ANY SPECIAL EQUIPMENT OR ANY SEPCIAL MATERAILS YOU CAN WORK WITH OR OPERATE (OTHER THAN THOSE ALREADY LISTED)

PLEASE READ AND CERTIFI THE FOLLOWING

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

I authorize you to make such investigations and inquiries for my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if, and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my employment, I understand that any false or misleading information given by myself on this application or during any interview(s) may result in discharge. I further understand, also, that I am required to abide by all rules and regulations of this company.

Date

Applicant's Signature

DO NOT WRITE BELOW THIS LINE
