



# Driver Application for Employment

Dart International, 1338 S Rowan Ave, Los Angeles, CA 90023

ANSWER ALL QUESTIONS- PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of Application: [ ] / [ ] / [ ] Position(s) applied for: [ ]

Name: Last Name [ ] First Name [ ] MI [ ] Social Security No: [ ] - [ ] - [ ]

Home Phone Number: ( [ ] ) [ ] - [ ] Cell Phone/Pager: ( [ ] ) [ ] - [ ]

Addresses of residency for last three years:

STREET	CITY	STATE	ZIP	HOW LONG? (YEARS/MONTHS)
[ ]	[ ]	[ ]	[ ]	[ ] [ ]
[ ]	[ ]	[ ]	[ ]	[ ] [ ]
[ ]	[ ]	[ ]	[ ]	[ ] [ ]
[ ]	[ ]	[ ]	[ ]	[ ] [ ]

Do you have the legal right to work in the United States? Yes  No  Date of Birth: [ ] / [ ] / [ ]

Can you provide proof of age? Yes  No  Have you worked for this company before? Yes  No

Where? Dates: [ ] / [ ] - [ ] / [ ] Rate of pay: [ ]

Position: [ ] Reason for leaving: [ ]

Who referred you? [ ] Rate of pay expected: [ ]

Have you ever been convicted of a felony? Yes  No  Explain if yes: [ ]

Is there any reason you might be unable to perform the functions of the job for which you have applied. (as described in the attached job description)? Yes  No  Explain if you wish: [ ]

Have you ever tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past 2 years? Yes  No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes  No

### Experience & Qualifications- List all driver's licenses you currently hold

State License	#	Type	Expiration Date
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]

### Accident record for past 3 years, if none, write none.

Date	Type of Accident	Injuries	Fatalities
Last Accident	[ ]	[ ]	[ ]
Next previous	[ ]	[ ]	[ ]
Next previous	[ ]	[ ]	[ ]

**Employment History**

Please your employment history for the last 10 years, including any gaps in employment, in reverse order starting with the most recent.

Employer		Date	
Name	<input type="text"/>	From: <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Address	<input type="text"/>	Position	<input type="text"/>
City	<input type="text"/> St <input type="text"/> Zip <input type="text"/>	Rate of Pay	<input type="text"/>
Contact person	<input type="text"/> Phone ( <input type="text"/> ) <input type="text"/>	Reason for leaving	<input type="text"/>
Where you in a random drug/alcohol Program? Yes <input type="checkbox"/> No <input type="checkbox"/> Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer		Date	
Name	<input type="text"/>	From: <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Address	<input type="text"/>	Position	<input type="text"/>
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Employer		Date	
Name	<input type="text"/>	From: <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Address	<input type="text"/>	Position	<input type="text"/>
City	<input type="text"/> St <input type="text"/> Zip <input type="text"/>	Rate of Pay	<input type="text"/>
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Employer		Date	
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Where you in a random drug/alcohol Program? Yes <input type="checkbox"/> No <input type="checkbox"/> Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer		Date	
Name	<input type="text"/>	From: <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	To: <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Address	<input type="text"/>	Position	<input type="text"/>
City	<input type="text"/> St <input type="text"/> Zip <input type="text"/>	Rate of Pay	<input type="text"/>
Contact person	<input type="text"/> Phone ( <input type="text"/> ) <input type="text"/>	Reason for leaving	<input type="text"/>
Where you in a random drug/alcohol Program? Yes <input type="checkbox"/> No <input type="checkbox"/> Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Traffic convictions & forfeitures for the last 3 years (other than parking). If none, write None

Location	Date	Charge	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No

Has any license, permit or privilege ever been suspended or revoked? Yes  No

If yes, explain:

Class of Equipment	Driving Experience			Total # of Miles
	Type of Equipment	From	To	
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor & Semi-trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor & two trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motorcoach/School Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List states operated in last 5 years:

List any safe driving awards:

List any special training:

Any other transportation/special training:

#### Education

Highest grade completed: 1  2  3  4  5  6  7  8  High School: 1  2  3  4  College: 1  2  3  4

#### To be read and initialled by applicant

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.

I authorize you to make such investigations and inquiries of 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 employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date:  /  /

Applicant's Initials: