



# IHR TRANSPORT



Tel. (956) 461-5000 Fax (956) 461-6100

100 N. Whalen Road

Donna, TX 78537

## DRIVER'S APPLICATION FOR EMPLOYMENT

Please fill completely

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, or non-job related disability

Date of Application: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

                    Last                                      First                                      Middle

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security No. : \_\_\_\_\_

List your address of residence for the past 3 years.

**CURRENT ADDRESS:**

\_\_\_\_\_ Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Phone \_\_\_\_\_ Years at this address

**PREVIOUS ADDRESSES:**

_____ Street	_____ City	_____ State	_____ Zip Code	_____ How Long?
_____ Street	_____ City	_____ State	_____ Zip Code	_____ How Long?
_____ Street	_____ City	_____ State	_____ Zip Code	_____ How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before ? \_\_\_\_\_ Where ? \_\_\_\_\_

DATES:  
From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of pay \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street, number, city, state, and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.  
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

<b>LAST EMPLOYER</b>			<b>DATES</b>	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:			Reason For Leaving:	
Was your position subject to 49 CFR Part 40 Drug and Alcohol testing regulations?			Yes	No
<b>2nd LAST EMPLOYER</b>			<b>DATES</b>	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:			Reason For Leaving:	
Was your position subject to 49 CFR Part 40 Drug and Alcohol testing regulations?			Yes	No
<b>3rd LAST EMPLOYER</b>			<b>DATES</b>	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:			Reason For Leaving:	
Was your position subject to 49 CFR Part 40 Drug and Alcohol testing regulations?			Yes	No
<b>4th LAST EMPLOYER</b>			<b>DATES</b>	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:			Reason For Leaving:	
Was your position subject to 49 CFR Part 40 Drug and Alcohol testing regulations?			Yes	No
<b>5th LAST EMPLOYER</b>			<b>DATES</b>	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:			Reason For Leaving:	
Was your position subject to 49 CFR Part 40 Drug and Alcohol testing regulations?			Yes	No
<b>6th LAST EMPLOYER</b>			<b>DATES</b>	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:			Reason For Leaving:	
Was your position subject to 49 CFR Part 40 Drug and Alcohol testing regulations?			Yes	No

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON: REAR END, UPSET, ETC)	FATALITIES	INJURIES
Last accident:			
Next Previous:			
Next Previous:			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS ( OTHER THAN PARKING VIOLATIONS) IF NONE,WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

HIGHEST GRADE COMPLETED: \_\_\_\_\_ DEGREE(S) \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_  
NAME CITY

**DRIVER EXPERIENCE AND QUALIFICATIONS**

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
LIST ALL UNEXPIRED CMV OPERATOR'S LICENSES ISSUED TO YOU				

Have you ever been arrested, convicted or received a suspended sentence for violations of misdemeanors or felonies.	X YES	X NO
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B. Has any license, permit, or privilege ever been suspended or revoked?		
C. Have you ever been convicted of DUI; DWI; Reckless Driving; or Leaving the scene of an accident?		
D. Have you ever been convicted of Drug Possession/Distribution or any other Drug Violations?		
E. Have you ever been or are you now on Probation or Parole?		
F. Have you ever been in violation of the DOT Drug and Alcohol testing regulations?		
G. Were you subject to the FMCSR'S while employed by the previous employer?		

Note: If you respond yes to any of the above, it does not mean that you are not eligible for employment.

**IF THE ANSWER TO ANY QUESTION ABOVE IS YES, PLEASE EXPLAIN BELOW.**

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**DRIVER EXPERIENCE AND QUALIFICATIONS**

<b>STRAIGHT TRUCK</b>				
<b>TRACTOR/SEMI-TRAILER</b>				
<b>DOUBLES/TRIPLES</b>				
<b>MOTOR COACH</b>				
<b>SCHOOL BUS</b>				
<b>OTHER</b>				

**LIST STATES OPERATED IN FOR LAST FIVE YEARS** \_\_\_\_\_

**DO YOU HAVE SNOW AND MOUNTAIN EXPERIENCE?** \_\_\_\_\_

**SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER?** \_\_\_\_\_

**WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?** \_\_\_\_\_

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**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN THAT SHOWN ON THIS APPLICATION:

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH ( OTHER THAN THOSE ALREADY SHOWN )

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**TO BE READ AND SIGNED BY APPLICANT: This certifies that this application was completed by myself, and that all information is true and correct to the best of my knowledge.**

I authorize the employer to make investigations and inquiries of my personal, employment, financial, 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, school, health care providers, and all 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 on my application or interviews may result in termination. I understand, also, that I am required to abide by all rules and regulations set forth in company policies.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELLOW AVERAGE	POOR	APPROVED BY/DATE APPROVED
<b>1. APPLICATION</b>						
<b>2. INTERVIEW</b>						
<b>3. PAST EMPLOYMENT</b>						
<b>4. EXPERIENCE</b>						
<b>5. TRAFFIC RECORD</b>						
<b>6. CRIMINAL RECORD</b>						
<b>7. APPEARANCE</b>						

**PROCESS RECORD**

<input type="checkbox"/> APPLICANT HIRED	<input type="checkbox"/> APPLICANT REJECTED
DATE QUALIFIED:	REASON FOR REJECTION:
DRIVER CLASS:	
EMPLOYEE CODE:	

**SIGNATURE OF INTERVIEWING OFFICER** \_\_\_\_\_

**TERMINATION OF EMPLOYMENT RECORD**

DATE TERMINATED:	REASON FOR TERMINATION:
TERMINATION REPORT PLACED IN FILE?	<input type="checkbox"/> DISMISSED
ELIGIBLE FOR RE-EMPLOYMENT?	<input type="checkbox"/> VOLUNTARY QUIT
SUPERVISOR SIGNATURE	<input type="checkbox"/> OTHER