

ALL DRIVER APPLICANTS TO DRIVE INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYEES DURING THE PRECEDING **3** YEARS. LIST THE COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE. APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE* IN INTRASTATE 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 ADDITIONAL SHEETS AS NEED.)

EMPLOYER		DATE
NAME		FROM MO. YR. TO MO. YR.
ADDRESS		POSITION HELD
CITY STATE ZIP		SALARY/WAGE
CONTACT PERSON PHONE NUMBER		REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL?		___ YES ___ NO

EMPLOYER		DATE
NAME		FROM MO. YR. TO MO. YR.
ADDRESS		POSITION HELD
CITY STATE ZIP		SALARY/WAGE
CONTACT PERSON PHONE NUMBER		REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL?		___ YES ___ NO

EMPLOYER		DATE
NAME		FROM MO. YR. TO MO. YR.
ADDRESS		POSITION HELD
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CONTACT PERSON PHONE NUMBER		REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL?		___ YES ___ NO

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EMPLOYER		DATE
NAME		FROM MO. YR. TO MO. YR.
ADDRESS		POSITION HELD
CITY STATE ZIP		SALARY/WAGE
CONTACT PERSON PHONE NUMBER		REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL?		___ YES ___ NO

* INCLUDES VEHICLES HAVING GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

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

DATE OF ACCIDENTS	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC)	PENALTIES	INJURIES
LAST ACCIDENT __/__/__			
NEXT PREVIOUS __/__/__			
NEXT PREVIOUS __/__/__			

LIST TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS).(ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE WRITE NONE.

Location	Date	Charge	Penalty
	__/__/__		
	__/__/__		
	__/__/__		

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4
LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENCES			
STATE	LICENSE NO.	TYPE	EXPIRATION DATE
			__/__/__
			__/__/__
			__/__/__

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 THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE – IF NONE WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES TOTAL
		TO	FROM	
STRAIGHT TRUCK _____		/		
TRACTOR AND SEMI TRAILER _____		/		
TRACTOR - TWO TRAILERS _____		/		
MOTORCOACH - SCHOOL BUS _____		/		
OTHER _____		/		

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR NCD TRANSPORT

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

TO BE READ AND SIGNED 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 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 OF 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 SIGNATURE

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE : ___/___/___		DATE : ___/___/___	
REASON FOR TRANSFER _____		REASON FOR TRANSFER _____	
FROM: _____	TO: _____	FROM: _____	TO: _____
DATE : ___/___/___		DATE : ___/___/___	
REASON FOR TRANSFER _____		REASON FOR TRANSFER _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____