



# Driver Employment Application

(660)747-8128

801 W. Young St., Box 47, Warrensburg, MO

www.carlylevanlines.com

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

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Current address: \_\_\_\_\_  
Number Street City State Zip Code

How long have you lived at your current address? \_\_\_\_\_ Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If under the age of 18, please list age: \_\_\_\_\_ Are you a U.S. citizen?  Yes  No

If no, can you provide proof of your legal right to work in the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_ Salary desired: \_\_\_\_\_

What type of employment are you seeking?  Full-time  Part-time  Full- or Part-time

Have you ever served in the Armed Forces?  Yes  No If yes, how many years did you serve? \_\_\_\_\_

If yes, in which branch did you serve? \_\_\_\_\_

Are you willing to submit to a controlled substance test?  Yes  No

Would you need any accommodation to perform the essential functions of the job?  Yes  No

If yes, describe any accommodation(s) you may need: \_\_\_\_\_

If necessary, are you willing to work nights, weekends, and holidays?  Yes  No  Sometimes

Have you ever been previously employed by Carlyle?  Yes  No

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you currently employed?  Yes  No If not, how long since last employed? \_\_\_\_\_

How were you referred to Carlyle Van Lines? \_\_\_\_\_

## Education/Experience

What is the highest level of education you have successfully completed?  High school/GED

Some college (20 hours or more)

College degree/Trade school certification

Name of school or certifying Institution: \_\_\_\_\_ Location: \_\_\_\_\_  
City State

Number of years/hours completed: \_\_\_\_\_ OR Type of degree/certification: \_\_\_\_\_

List all Driver License(s) or Permit(s) held by you in the last 3 years (including State of issue, License #, and Type):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driving Experience (check all that apply):  Straight truck  Tractor and Semi-trailor  Tractor-two trailers

Tractor-three trailers

Motorcoach-School bus

Other \_\_\_\_\_

List states in which you operated in the past 5 years: \_\_\_\_\_

List other experience you feel applies: \_\_\_\_\_

## References

Please list three references who we may contact and have experienced your work performance:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Position: \_\_\_\_\_ Phone number: \_\_\_\_\_

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All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 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 a motor vehicle.

(Note: List employers in reverse order, starting with the most recent. Ask for another sheet of paper if necessary.)

### Work History

Employer			Date	
Name			From (Mo./Yr.)	To (Mo./Yr.)
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person:		Phone #	Reason for Leaving	

Employer			Date	
Name			From (Mo./Yr.)	To (Mo./Yr.)
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person:		Phone #	Reason for Leaving	

Employer			Date	
Name			From (Mo./Yr.)	To (Mo./Yr.)
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person:		Phone #	Reason for Leaving	

Employer			Date	
Name			From (Mo./Yr.)	To (Mo./Yr.)
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person:		Phone #	Reason for Leaving	

### Accident/Safety History

What class of Driver License do you have? \_\_\_\_\_ License #: \_\_\_\_\_ S.O.I.: \_\_\_\_\_

Have you had any accidents during the past 3 years?  Yes  No How many? \_\_\_\_\_

(Attach worksheet listing all accidents, including *dates* and *nature of incident*)

Have you had any traffic violations in the past 3 years?  Yes  No How many? \_\_\_\_\_

(Attach worksheet listing all traffic violations, including *dates*, *location*, *charge*, and *penalty*)

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, please explain: \_\_\_\_\_

### Additional Information

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 information in connection with my application.

In the event of my 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 Carlyle Van Lines. I understand that I have the right to review information provided by 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.

I, \_\_\_\_\_, certify 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Carlyle Van Lines, Inc.

## Authorization to Release Information

In consideration of Carlyle Van Lines acceptance and review of my employment application, (including contract for services) I agree to the following:

I authorize Carlyle Van Lines to investigate my background and to gather any and all information that it finds relevant in considering my application for employment. I authorize investigative background inquiries, including, but not limited to, criminal convictions, motor vehicle reports, employment history, reports, credit reports, and other reports. I understand that these reports will include information as to my character, work habits, performance, experiences, education and reasons for termination from past employment. I understand and authorize that Carlyle Van Lines may request this information from various federal, state, county or other public or private sources which maintain records concerning my past activities related to my driving, criminal, credit, civil, or other experiences.

I also authorize Carlyle Van Lines to request information from any public agency, employer, or insurance company that maintains records concerning my past Worker's Compensation experience or claims. I understand that such Worker's Compensation information will only be obtained after an offer of employment has been extended to me.

I authorize Carlyle Van Lines to contract with any party or agency to furnish/collect the information set forth above.

I consent to Carlyle Van Lines or its agent obtaining the above information, and I release and forever discharge Carlyle Van Lines, its agents, and any other party, person, or corporation supplying the foregoing information, from any and all liability or responsibility in connection with supplying and/or gathering the foregoing information. I further release Carlyle Van Lines and all other parties from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency, court, or administrative body arising from the retrieving, reporting, and use of this information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Carlyle Van Lines utilizes D.A.C. Services, endorsed by the American Trucking Association, to obtain reports on drivers' backgrounds and work histories. You should be aware if you terminate or are terminated from employment, information regarding your employment with us may be obtained from your new employer through this organization. Therefore, we encourage all drivers to uphold appropriate business practices at all times.

D.A.C. Services complies with the following driver data:

- Instant reports on duplicate or hidden licenses
- Driving school records
- Worker's compensation reports
- Psychological testing of commercial drivers
- Driving records
- Past employment histories
- And more.

Your work history record is made available to anyone who subscribes to this organization. Therefore, it is of utmost importance you are responsible and professional in all your actions or it could result in your not being able to find employment in the future.

I understand Carlyle Van Lines utilizes D.A.C. Services and they will report and obtain the information listed above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_