

Employment Application

Contract Transport Inc

1440 Vermont
Des Moines, IA 50306-1575
Phone: 515-243-5499
Fax: 515-243-1937

Date: **SS Number:**

Name: Last, First, Mi.

Address:

City: **State:** **Zip/Postal Code:**

Date of Birth:

Home Phone:

Cell Phone:

E-mail:

Positions Applied for:

Full-Time
 part-time
 Full or part-time
 When available to begin work?

Address for past three years
(Attach sheet if more space is needed)

Street & Apt Number	City	State and Zip	How Long?
<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"/>

Experience and Qualifications

Driving Experience

Class of Equipment	Type of Equipment	Dates From/To	Makes, Models, Est Miles
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doubles or Triples	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

List all states operated in over the last 10 years

License Number	Drivers License? State	Class of Licenses & Endorsements	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you had any accidents in the past 3 years?			
Location	Dates	Nature of Accident	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Fatalities: <input type="radio"/> yes <input type="radio"/> no Injuries: <input type="radio"/> yes <input type="radio"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	Fatalities: <input type="radio"/> yes <input type="radio"/> no Injuries: <input type="radio"/> yes <input type="radio"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	Fatalities: <input type="radio"/> yes <input type="radio"/> no Injuries: <input type="radio"/> yes <input type="radio"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	Fatalities: <input type="radio"/> yes <input type="radio"/> no Injuries: <input type="radio"/> yes <input type="radio"/> no

Continue on the next page

Traffic Convictions and Forfeitures for Past 3 Years

Location	Date	Violation	Penalty

A. Have you ever been denied a license, permit or privileges 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 below:

Employment Record

(Attach additional sheet if more space is needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

4.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

5.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

6.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

7.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

8.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

You Must answer the following questions (Required by 49CFR40.25(j)). Failure to do so will result in voiding of your application

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work?

yes no

2. Have you ever tested positive for drugs and/or alcohol on a test required by the Federal Motor Carrier Safety Regulations?

yes no

3. If you answered yes to either of the above questions, have you completed required treatment and returned to duty testing as ordered by a certified Substance Abuse Professional (SAP)?

yes no

To be read and signed by applicant

This certifies that I have completed this application myself, and that all the entries on it and information in it are true and complete to the best of my knowledge, and that I have not knowingly omitted or falsified any information on this application.

Date

Signature