



DRIVER APPLICATION

Applicant Name:	Social Security #:
Current Address: City: St. Zip:	Date of Birth:
Home Phone:	Cell Phone:
Referred by:	Email:

Residence Past 3 Years

Address:	City: St. Zip	How Long?
Address:	City: St. Zip	How Long?
Address:	City: St. Zip	How Long?

Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!
Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	DATES From To		Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes attach statement giving details.		

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.	
Do you consent to such Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT RECORD	
All for past 3 years and Commercial Driving Experience for the past 10 years	
Last Employer: _____	Hourly Rate: _____
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason For Leaving: _____	
Last Employer: _____	Hourly Rate: _____
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason For Leaving: _____	
Last Employer: _____	Hourly Rate: _____
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason For Leaving: _____	
Last Employer: _____	Hourly Rate: _____
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason For Leaving: _____	
Last Employer: _____	Hourly Rate: _____
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason For Leaving: _____	

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature

DATE

PALMETTO CORP IS AN EQUAL OPPORTUNITY EMPLOYER. It is PALMETTO CORP's policy to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training. All such decisions are based on (1) individual merit, qualifications, and competence as they relate to the particular position, and (2) promotion of the principle of equal employment opportunity. All current employees are encouraged to refer minority and women recruits for employment whenever hiring opportunities are available.

PALMETTO CORP IS ENROLLED IN E-VERIFY!



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Release from Prospective Employee:

I hereby authorize you to release the following information to PALMETTO CORP. for the purpose of investigation as required by sections 391.23 and 382.413 of the Motor Carrier Safety Regulations and/or all information regarding my services, character, and conduct regarding my employment. You are released from any liability, which may result from furnishing such information.

_____ Date

_____ Signature of Employee

Part 391.23

TO BE COMPLETED BY PREVIOUS EMPLOYER

TO: _____

APPLICANTS NAME: _____ SS# _____

- 1. Please indicate dates of employment with your company: _____
- 2. What was his/her job classification: _____ Driver _____ Operator _____ Laborer
Other _____
- 3. Equipment used: _____ Tractor Trailer _____ Flatbed _____ Straight-truck _____ Bus _____ Van
Other _____
- 4. Material hauled: _____ Coils _____ Lumber _____ Flat Steel. Other _____
- 5. Reason for leaving employer? _____ Resigned _____ Discharged _____ Lay-off
- 6. Would you re-hire this applicant? _____ Yes _____ No _____ Upon review. If no, explain:

7. Accidents:

Date	Location	No. of Injures	No. of Fatalities	Hazmat	Material Spill
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Under DOT drug and alcohol testing requirements for the past 3 years:

- 1. This person was employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40 (if no, skip the remaining questions)? Y or N
- 2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration? Y or N
- 3. This person tested positive or adulterated or substituted a test specimen for controlled substances? Y or N
- 4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Y or N
- 5. This person committed other violations of Subpart B of Part 382, or Part 40? Y or N
- 6. This person violated a DOT drug and alcohol regulation? Y or N

_____ Name and title of person furnishing information

_____ Date

Equal Employment Opportunity Data Reporting Form

The Federal Highway Administration (FHWA) requires the following information to be collected for statistical reporting of applicants as a part of the Equal Opportunity and Affirmative Action Program requirements (FHWA-1273). This information is not used in the employment process nor released in a manner that identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Today's Date ____ / ____ / ____

First Name _____

Middle Initial ____

Last Name _____

Position for which you are applying: _____

Gender (Please check appropriate box):

- Male
 Female

Date of Birth ____ / ____ / ____

Race (Please check appropriate box):

- White, not of Hispanic Origin
 Black or African American, not of Hispanic Origin
 Hispanic or Latino
 Asian, not Hispanic or Latino
 Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
 American Indian or Alaskan Native
 Two or more races, not Hispanic or Latino