



600 Lasalle Av.  
 Panama IA 51562  
 (712) 489-2020  
 800-489-2088  
 Fax: 712-489-2413

Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age (other than minimum requirements), disability, marital status, or national origin

# Application for Employment

*Please print plainly in ink and all blanks must be completed*

Date of Application: \_\_\_/\_\_\_/\_\_\_ Home Phone #: (\_\_\_) \_\_\_-\_\_\_-\_\_\_ Alt. Phone #: (\_\_\_) \_\_\_-\_\_\_-\_\_\_  
 Position Applied for:  Company Driver  Dock  Shop  Office  
 Full-time  Part-time (Specify what days and hours) \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Previously Used Names

Current Address: \_\_\_\_\_  
Street City State Zip How Long?

List all Previous addresses for past 5 years:

_____	_____	_____	_____	_____
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>How Long?</small>
_____	_____	_____	_____	_____
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>How Long?</small>
_____	_____	_____	_____	_____
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>How Long?</small>

SS# \_\_\_/\_\_\_/\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

In case of an emergency, whom should we contact?

_____	_____	_____
<small>Name</small>	<small>Phone Number</small>	<small>Relationship</small>
_____	_____	_____
<small>Name</small>	<small>Phone Number</small>	<small>Relationship</small>

**Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment?** Yes \_\_\_\_\_ No \_\_\_\_\_

Have you worked for this company before? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any relatives working for this company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to this answer:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years including all full and part time employment. All times must be accounted for including military service, self-employment, and periods of unemployment. Use supplementary sheet if necessary.

**WE MUST HAVE TELEPHONE NUMBERS. INCLUDE PERIODS OF UNEMPLOYMENT**

Are you presently employed?  Yes  No

May we contact your current Employer?  Yes  No

**Previous Employer**

**Dates of Employment**

To \_\_\_\_\_  
(Month, Year)

From \_\_\_\_\_  
(Month, Year)

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Driving Experience:  All 48  Midwest  South  East  West  Northwest  Mountains

Equipment Driven:  Straight Truck  Cabover  Conventional  Reefer  Van  Dump

Flatbed  Tanker  Autohauler  Doubles  Trailer Length: \_\_\_ Ft. Logbook required: \_\_\_\_\_

Approximate Total Number of Miles Driven for this Employer: \_\_\_\_\_

Reason for Leaving:  Quit  Fired  Lay off  Other Explain Circumstances: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing?  Yes  No

**Second Last Employer**

**Dates of Employment**

To \_\_\_\_\_  
(Month, Year)

From \_\_\_\_\_  
(Month, Year)

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Driving Experience:  All 48  Midwest  South  East  West  Northwest  Mountains

Equipment Driven:  Straight Truck  Cabover  Conventional  Reefer  Van  Dump

Flatbed  Tanker  Autohauler  Doubles  Trailer Length: \_\_\_ Ft. Logbook required: \_\_\_\_\_

Approximate Total Number of Miles Driven for this Employer: \_\_\_\_\_

Reason for Leaving:  Quit  Fired  Lay off  Other Explain Circumstances: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing?  Yes  No

**Third Last Employer**

**Dates of Employment**

To \_\_\_\_\_  
(Month, Year)

From \_\_\_\_\_  
(Month, Year)

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Driving Experience:  All 48  Midwest  South  East  West  Northwest  Mountains

Equipment Driven:  Straight Truck  Cabover  Conventional  Reefer  Van  Dump

Flatbed  Tanker  Autohauler  Doubles  Trailer Length: \_\_\_ Ft. Logbook required: \_\_\_\_\_

Approximate Total Number of Miles Driven for this Employer: \_\_\_\_\_

Reason for Leaving:  Quit  Fired  Lay off  Other Explain Circumstances: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing?  Yes  No

**Fourth Last Employer**

**Dates of Employment**

To \_\_\_\_\_  
(Month, Year)

From \_\_\_\_\_  
(Month, Year)

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Driving Experience:  All 48  Midwest  South  East  West  Northwest  Mountains

Equipment Driven:  Straight Truck  Cabover  Conventional  Reefer  Van  Dump

Flatbed  Tanker  Autohauler  Doubles  Trailer Length: \_\_\_ Ft. Logbook required: \_\_\_\_\_

Approximate Total Number of Miles Driven for this Employer: \_\_\_\_\_

Reason for Leaving:  Quit  Fired  Lay off  Other Explain Circumstances: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing?  Yes  No



**Fifth Last Employer**

**Dates of Employment**

To \_\_\_\_\_  
(Month, Year)

From \_\_\_\_\_  
(Month, Year)

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Driving Experience:  All 48  Midwest  South  East  West  Northwest  Mountains

Equipment Driven:  Straight Truck  Cabover  Conventional  Reefer  Van  Dump

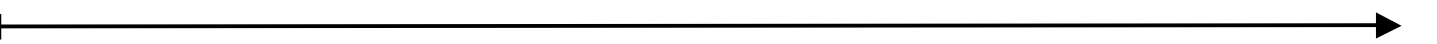
Flatbed  Tanker  Autohauler  Doubles  Trailer Length: \_\_\_ Ft. Logbook required: \_\_\_\_\_

Approximate Total Number of Miles Driven for this Employer: \_\_\_\_\_

Reason for Leaving:  Quit  Fired  Lay off  Other Explain Circumstances: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing?  Yes  No



**Sixth Last Employer**

**Dates of Employment**

To \_\_\_\_\_  
(Month, Year)

From \_\_\_\_\_  
(Month, Year)

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Driving Experience:  All 48  Midwest  South  East  West  Northwest  Mountains

Equipment Driven:  Straight Truck  Cabover  Conventional  Reefer  Van  Dump

Flatbed  Tanker  Autohauler  Doubles  Trailer Length: \_\_\_ Ft. Logbook required: \_\_\_\_\_

Approximate Total Number of Miles Driven for this Employer: \_\_\_\_\_

Reason for Leaving:  Quit  Fired  Lay off  Other Explain Circumstances: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing?  Yes  No



**Seventh Last Employer**

**Dates of Employment**

To \_\_\_\_\_  
(Month, Year)

From \_\_\_\_\_  
(Month, Year)

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Driving Experience:  All 48  Midwest  South  East  West  Northwest  Mountains

Equipment Driven:  Straight Truck  Cabover  Conventional  Reefer  Van  Dump

Flatbed  Tanker  Autohauler  Doubles  Trailer Length: \_\_\_ Ft. Logbook required: \_\_\_\_\_

Approximate Total Number of Miles Driven for this Employer: \_\_\_\_\_

Reason for Leaving:  Quit  Fired  Lay off  Other Explain Circumstances: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?  Yes  No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing?  Yes  No

**Please answer the following questions with a "YES" or "NO"**

1. Are you a U.S Citizen or otherwise lawfully authorized to work in this country?  Yes  No

2. Have you ever been convicted of a felony?  Yes  No

If Yes, WHEN \_\_\_/\_\_\_/\_\_\_ *A conviction records will not necessarily bar you from employment. Such factors as age and time of the offense, seriousness, and nature of the violation will be taken into account.*

3. Is there any reason that you might be unable to perform the functions of the job, for which you have applied, Truck Driver, Dock, Shop, Office i.e.: but not limited to lifting, loading, unloading, minor maintenance, tarping and securement of loads, Fueling, and driving?  Yes  No

If yes, explain; \_\_\_\_\_

4. Have you been convicted for driving while intoxicated or driving while under the influence of drugs within the last five (5) years?  Yes  No

5. Are you familiar with the Federal Motor Carrier Safety Regulations?  Yes  No

6. Have you ever been denied a bond?  Yes  No

7. Have you ever had your drivers' license suspended or revoked?  Yes  No

**License Information (You must have a valid CDL)**

**List all licenses held the past 5 years**

Issuing State	License Number	Type	Expiration Date	Restrictions	Turned In?

**Driving Record**

Have you been convicted of any traffic violations in the past 4 years?  Yes  No

List all traffic violations except for parking tickets the last 4 years. If none, write "None".

Month/Year	Violation	Type of Vehicle	Location, City, State	Penalty/Fine	Points Assessed

**Accidents**

Have you been involved in any accident in the past 4 years?  Yes  No

List all accidents, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "None"

Month/Year	Type of accident	Type of Vehicle	Location, City/State	\$\$ amount of Damage	Number of Fatalities	Number of Injuries	Were you ticketed	Were you at Fault

**Cargo Claims**

Have you had any cargo claims in the past 4 years?  Yes  No

List all claims, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "None"

Month/Year	Type of Claim	\$\$ Amount of Claim	Type of Cargo	Were you charged for the claim?

**Education**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Check the following that apply:  High School Diploma  G.E.D.  College Degree  None of These

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

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## Military Status

Have you served in the United States Armed Forces?

Yes

No

Branch of Service \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving; \_\_\_\_\_

Honorable Discharge?

Yes

No, Explain \_\_\_\_\_

Are you currently involved in the National Guard or Reserves?

Yes

No

How long are you willing to be away from home? \_\_\_\_\_

How much home time will you need when you return? \_\_\_\_\_

How many miles or hours are you expecting per week? \_\_\_\_\_

How much do you expect to make per week, (gross)? \_\_\_\_\_

When are you available to start work for this Company? \_\_\_\_\_



I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to conduct current and previous employer's references or any other individuals this Company considers necessary.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, including but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

In connection with my application for employment with this Company, I understand that I have the right to review, correct or rebut any information obtained from former employers requested by this Company

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this Company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

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Print Name

Social Security Number

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Applicants Signature

Date