

Driver's Applications
Date____/____/____

Last Name_____ First Name_____
Present Address_____
City_____ State_____ Zip_____
Phone_____ SS#_____
Referred by_____
Position Desired_____ Date You Can Start____/____/____
Are You Employed YES_____ NO_____
Can we inquire with your present employer YES_____ NO_____
Have you ever applied with us before YES_____ NO_____

Level of education finished GED___ High School___ College___
Technical School_____

Driver License#_____

Last two employers:

From ____/____/____ To: ____/____/____

Name and Address of Employer:

Salary_____ Position_____ Reason For Leaving_____

From ____/____/____ To: ____/____/____

Name and Address of Employer:

Salary_____ Position_____ Reason For Leaving_____

_____ DO NOT WRITE BELOW THIS _____

Please Fill Out All Questions
(DRIVER APPLICATION)

1. Have you ever worked the over night shift for an extended period of time? Yes ___ No ___
If Yes, when, where, and for how long?

2. Have you ever driven for a route company before? Yes ___ No ___ If yes, what did you deliver and how many stops per day did you deliver to?

3. Why do you want to work the over night shift?

4. Have you ever left a job with out giving notice? Yes___ No __ If yes, please explain

5. Do you mind working weekends? Yes __ No __

6. Do you mind Working Holidays? Yes __ No __ (We are closed Christmas day and New Years Day)

7. Have you ever been convicted of a felony? Yes __ No __ If yes, please explain

8. What was the longest you have stayed at a job? _____

9. If you come to work for our company do you have a wife, husband, Children or a companion that this night schedule will conflict with. Yes __ No __ If yes, how will you work around this issue?

10. Is there a certain time you must be home in the morning? Yes __ No __ if yes at what time must you be home by? _____

Additional information you would like to add:
