



River Road – P.O. Box 1299
Warren, MA 01083
Ph: 413-436-9511 Fax: 413-436-9422

Driver's Application for Employment

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

Date of application: _____

Position(s) Applied for: _____

Name: _____ Soc. Security #: _____
Last First Middle

Address: _____
Street City

State Zip Phone: _____

Address For Past Three Years

}	Street _____ City _____	How Long? _____ State & Zip
	Street _____ City _____	How Long? _____ State & Zip

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Truck Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Important:

Owner operators should enclose a color photograph of yourself and your truck with this application.



EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

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 such a vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person			Reason for leaving	
Phone #				
EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person			Reason for leaving	
Phone #				
EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person			Reason for leaving	
Phone #				
EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person			Reason for leaving	
Phone #				
EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person			Reason for leaving	
Phone #				
EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person			Reason for leaving	
Phone #				
EMPLOYER			DATE	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person			Reason for leaving	
Phone #				

* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident Record for past 3 years or more (Add another sheet as necessary)

Dates (Most recent accident first)	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

(Add another sheet as necessary)

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
Name City / State

Experience and Qualifications – Driver

Driver	State	License #	Type	Expiration Date
Licenses				

A. Have you ever been denied a license, permit or privilege 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, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (van, tank , flat, etc.)	Dates		Approx. # of Miles (total)
		From	To	
Straight Truck				
Tractor & Semi				
Tractor & 2 trailers				
Other				

List states operated in for last five years _____

List special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from who? _____

Experience and Qualifications – Other

List any trucking, transportation or other experience that may help in your work for Intercity Lines, Inc. _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown)

Have you ever collected Worker's Compensation? YES___ NO___

Have you ever had an injury in the past that could re-occur during your employment here? YES___ NO___

Have you ever been refused employment due to an injury? YES___ NO___

Do you have any medical problems now? YES___ NO___

Do you take any medications? YES___ NO___

Have you ever lied about an injury or Worker's Compensation information on any previous employment application? YES___ NO___

If you answered YES to any of the above questions you MUST explain below (Add another sheet as necessary).

To Be Read and Signed by Applicant

This certifies 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.

I authorize Intercity Lines, Inc. to make such investigations and inquiries of my personal, employment, and 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 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 abide by all rules and regulations of Intercity Lines, Inc.

Date _____

Applicants Signature _____