

COMMERCIAL DRIVER APPLICATION

Company BIGFOOT 4X4, INC.
Address 6311 N. LINDBERGH BLVD.
City HAZELWOOD, MO 63042-2876 State _____ Zip _____
~~e-mail add~~

APPLICANT INFORMATION

DATE _____ Position applying for: Contractor Driver Contractor's Driver
NAME _____
PHONE (____) _____ EMERGENCY PHONE (____) _____
AGE _____ DATE OF BIRTH _____ SS# _____
(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)
e-mail _____
PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

FROM TO

FROM TO

FROM TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? Yes _____ No _____
If yes, give dates: From _____ To _____
Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:
Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held _____ Address _____

Reason for leaving _____ Company phone (____) _____

Were you subject to the FMCSRs while employed here? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held _____ Address _____

Reason for leaving _____ Company phone (____) _____

Were you subject to the FMCSRs while employed here? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____

Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No
(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

