

RUSSELL COUNTY BOARD OF SUPERVISORS
137 Highland Dr, Suite A
LEBANON, VA 24266
(276) 889-8000

Commercial Driver Application for Employment

Date of Application: _____

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or the presence of a non-job-related medical condition or handicap.

Applicant Name _____ Home Phone: () _____
Last First Middle Cell Phone: () _____

* Current Address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residence for the past three years. Attach a Separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____

Who Referred You? _____ Rate of Pay Expected? _____

Were you previously employed by us? _____ If yes, when? _____

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

EDUCATION

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

High School Attended _____

Name Address

List Diploma or Degree: _____ Course of Study: _____

College or Other Attended _____

Name Address

List Certificates or Degree: _____ Course of Study: _____

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ___ yes ___ no If yes, which branch of service: _____

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves? ___ yes ___ no Are you currently serving in National Guard? ___ yes ___ no

GENERAL

Have you ever been convicted of a felony? _____

If Yes, please explain below. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

DRIVER EXPERIENCE AND QUALIFICATIONS

Date of Birth _____ Social Security Number _____ - _____ - _____
month/ day/ year

PHYSICAL HISTORY

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

- 1) Within the last two years, have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, safety-sensitive transportation work? ____ yes ____ no
- 2) Within the last two years, have you ever tested positive or refused to test, on any type of drug or alcohol test administered by an employer to which you performed safety-sensitive transportation work? ____ yes ____ no
- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? ____ yes ____ no

Applicants Signature: _____ Date: _____

Witnessed by: _____ Date: _____

DRIVER'S LICENSE INFORMATION

Driver	State	License Number	Type	Expiration Date
Licenses held	_____	_____	_____	_____
in past 3 years	_____	_____	_____	_____
years must	_____	_____	_____	_____
be shown	_____	_____	_____	_____

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 ____

C. Have you ever been disqualified for violations of the Federal motor Carrier Safety Regulations? Yes ____ No ____

If you have answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Twin	_____	_____	_____	_____
Other	_____	_____	_____	_____

DRIVER EXPERIENCE AND QUALIFICATION (continued)

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	#Fatalities	#Injuries	# Vehicles	Towed	Citation Issued?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

MOTOR VEHICLE DRIVING RECORD (MVR)

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

Date	Locations	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

Start with the **last** or **current** position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.
Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.
Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.
Reason for Leaving: _____

EMPLOYMENT RECORD (continued)

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.
Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.
Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. / Yr. Mo. / Yr.
Reason for Leaving: _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

