

Lewis C. Howard, Inc.

760 E Vine Street
Kalamazoo, MI 49001
Ph: (269) 344-0144
Fax: (269) 344-1241

DRIVER EMPLOYMENT APPLICATION

Lewis C Howard, Inc is an Equal Opportunity Employer. It is our policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status. A person with a disability or handicap requiring accommodation for completing the application process should notify Human Resources as soon as possible

Position(s) Applying For: _____

Application Date: _____

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE #		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY NUMBER			
DESIRED WAGE		DATE AVAILABLE FOR WORK			

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

YES

NO

Are you able to perform the essential functions of the position with or without accommodations?

YES

NO

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT THIS ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

PREVIOUSLY HELD LICENSES

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if NONE

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILL (Y/N)

TRAFFIC CONVITIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if NONE

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain

BACKGROUND INFORMATION

When completing this section, do not disclose information regarding convictions that have been judicially sealed, expunged, eradicated, impounded, pardoned, dismissed, or nulled. Do not disclose information regarding juvenile court convictions. A conviction record does not automatically bar you from employment. All of the job-related circumstances surrounding convictions will be considered.

Have you ever been convicted of, pled guilty or no contest to, been imprisoned, or been on probation or parole for a **felony**? YES NO

Have you ever been convicted of, pled guilty or no contest to, been imprisoned, or been on probation or parole for a **misdemeanor or violation**? YES NO

CRIME OR CONVICTION	CITY, STATE COMMITTED	CONVICTION DATE

MILITARY

Are you a Veteran? Yes No Branch: _____ Date Entered: _____ Date Discharged: _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER						
NAME					PHONE	
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				WAGE		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR part 40?					YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECOND (MOST RECENT) EMPLOYER		
NAME		PHONE
ADDRESS		

POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				WAGE	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR part 40?					YES <input type="checkbox"/> NO <input type="checkbox"/>

SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				WAGE	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR part 40?					YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETE D	GRADUATE? Y N		DETAILS
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

REFERENCES

Please provide contact information for two professional references:

NAME	ADDRESS	PHONE NUMBER
RELATIONSHIP TO YOU		
NAME	ADDRESS	PHONE NUMBER
RELATIONSHIP TO YOU		

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered:

TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

APPLICANT SIGNATURE		DATE	
APPLICANT NAME (PRINTED)			