

# DRIVERS APPLICATION FOR EMPLOYMENT

SCHOEN FUMIGATION INC  
P O BOX 306  
SMITH CENTER KS 66967

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, veteran status, non-job related disability, or any other protected group status

\*\*To be completed by the applicant in the applicant's handwriting. Please answer each question leaving nothing blank. Please print.\*\*

Applicant's Name First Middle Last (printed): \_\_\_\_\_ Date: \_\_\_\_\_  
Position(s) Applied for: \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List your addresses for the past 3 years:

Current Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip Code yr/mo

Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip Code yr/mo

Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip Code yr/mo

Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip Code yr/mo

Date of Birth (required for commercial drivers): \_\_\_\_\_

Can you provide proof of age? YES or NO Do you have the legal right to work in the United States? YES or NO

Have you worked for this company before? YES or NO If yes, where (location) \_\_\_\_\_

If yes, Dates: From(month/year)\_\_\_\_\_ To(month/year)\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you now employed?(yes or no)\_\_\_\_\_

If not, how long since leaving last employment?\_\_\_\_\_

Who referred you?\_\_\_\_\_ Rate of pay expected:\_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? YES or NO

If yes, explain if you wish:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. Some states may also require this for intrastate commerce. In addition, applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle.

**Please provide a full 10 years of employment history. Begin with the most recent employer and work back. Breaks in employment must be explained. Add additional sheets as necessary**

DATES OF EMPLOYMENT: FROM(month/year)		TO(month/year)
EMPLOYER NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:
POSITION HELD:	SALARY/WAGE:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED: YES NO		
WAS YOUR JOB DESIGNATED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40: YES NO		

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EMPLOYER NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:
POSITION HELD:	SALARY/WAGE:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED: YES NO		
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STREET ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:
POSITION HELD:	SALARY/WAGE:	REASON FOR LEAVING:
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STREET ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:
POSITION HELD:	SALARY/WAGE:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED: YES NO		
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# DRIVERS APPLICATION FOR EMPLOYMENT

**ACCIDENT RECORD FOR PAST 3 YEARS. IF NONE, WRITE NONE ATTACH SHEET IF MORE SPACE NEEDED**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES	HAZMAT SPILL

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS. IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

**DRIVER LICENSES OR PERMITS HELD IN PAST 3 YEARS**

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

- 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, please give details: \_\_\_\_\_
- \_\_\_\_\_

**DRIVING EXPERIENCE CIRCLE YES OR NO. COMPLETE ROW FOR EACH YES**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROXIMATE NUMBER OF MILES
STRAIGHT TRUCK: YES NO	VAN TANK FLAT DUMP REFER		
TRACTOR AND TRAILER: YES NO	VAN TANK FLAT DUMP REFER		
TRACTOR AND 2 TRAILERS: YES NO	VAN TANK FLAT DUMP REFER		
TRACTOR AND 3 TRAILERS: YES NO	VAN TANK FLAT DUMP REFER		
MOTORCOACH/SCHOOL BUS: YES NO	MORE THAN 8 SEATS MORE THAN 15 SEATS		
OTHER			

The information provided in this application is in accordance with paragraph (b)(10) of CFR 391.21 and may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of §391.23. The prospective employee has the right to:

- Review information provided by previous employers;
- Have error in the information corrected by previous employers and for those previous employers to re-send the correct information to the prospective employer;
- And have a rebuttal statement attached to the alleged erroneous information, if the previous employer and prospective employee cannot agree on the accuracy of the information

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_