



DDS APPLICATION FOR EMPLOYMENT

Applicant Name: _____ Date of Application: _____
(print)

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Were you referred by a current DDS employee? YES NO

Who were you referred by? _____

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 READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, 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 to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature . _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Name _____ Social Security No. _____
Last First Middle

Please list your addresses of residency for the past 3 years (if different from your current address)

Previous Addresses

_____	_____	_____	How Long? _____
Street	City	State & Zip Code	yr./mo.
_____	_____	_____	How Long? _____
Street	City	State & Zip Code	yr./mo.
_____	_____	_____	How Long? _____
Street	City	State & Zip Code	yr./mo.

Do you have the legal right to work in the United States? YES NO

Date of Birth _____ / _____ / _____ Can you provide proof of age? YES NO
(Required for Commercial Drivers)

Have you worked for this company before? YES NO Where? _____

When? From: _____ To: _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? YES NO If not, how long since leaving last employment? _____

Rate of pay expected _____

Have you ever been bonded? YES NO Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? YES NO If yes, please explain fully on a separate sheet of paper.
Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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

If yes, explain if you wish.

POSITION INFORMATION

POSITION SPECIFICATIONS

Position applying for: _____

What hours are you willing to work? _____

Would you be able to work weekends? YES NO

Are you willing to travel for the job? YES NO

When would you would you be able to start? _____

Do you have a CDL? What type and restrictions? _____

DRIVING HISTORY

ACCIDENT RECORD for past 3 years or more if none, write **NONE**

(attach sheet if more space is needed)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations) if none, write **NONE**

(attach sheet if more space is needed)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 (check YES or NO)

CLASS OF EQUIPMENT	CHOOSE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI- TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 passengers		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	More than 15 passengers		
OTHER				

List states operated in for last five years: _____

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

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

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.

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 vehicle. Please include explanation for gaps in employment.

(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:		PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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 AND/OR PART 199? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME:			FROM:	TO:
ADDRESS:			POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:	
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Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS – OTHER

List any trucking, transportation or other experience that may help in your work for this company:

List courses and training not shown elsewhere in this application:

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

EDUCATION

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)

REFERENCES

Please provide 3 personal references:

SNOWPLOWING

Are you available for snowplowing during the winter months? YES NO

Do you have experience operating snow plowing and/or removal equipment? YES NO

If YES, please list what types of equipment:

TO BE READ AND SIGNED BY APPLICANT

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ Date: _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION (NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

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