

Driver's Application for Employment

Acadian Wood Products (Little Rock) - 6200 Sears Drive, Little Rock, AR 72209 Ph# 501-562-2041

(Answer all questions - please print)

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, or non-job related disability.

Date of application _____

Position(s) applied for _____

Name _____ Social Security # _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address Street _____ City _____
State _____ Zip _____ Phone _____ How Long? _____

Previous addresses

Street _____ City _____
State _____ Zip _____ Phone _____ How Long? _____

Street _____ City _____
State _____ Zip _____ Phone _____ How Long? _____

Street _____ City _____
State _____ Zip _____ Phone _____ How Long? _____

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? _____

Dates: From: _____ To: _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? ☐ Yes ☐ 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 (as described in the attached job description)? Yes ☐ No ☐

If yes, explain _____

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's information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.

PREVIOUS EMPLOYERS

Name	FROM: MO YR TO: MO YR
Address	POSITION HELD
City State Zip	SALARY WAGE
Contact Person Phone #	REASON FOR LEAVING

Name	FROM: MO YR TO: MO YR
Address	POSITION HELD
City State Zip	SALARY WAGE
Contact Person Phone #	REASON FOR LEAVING

Name	FROM: MO YR TO: MO YR
Address	POSITION HELD
City State Zip	SALARY WAGE
Contact Person Phone #	REASON FOR LEAVING

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Address	POSITION HELD
City State Zip	SALARY WAGE
Contact Person Phone #	REASON FOR LEAVING

Name	FROM: MO YR TO: MO YR
Address	POSITION HELD
City State Zip	SALARY WAGE
Contact Person Phone #	REASON FOR LEAVING

* Includes vehicles having a GVWR of 25,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED), IF NONE, WRITE NONE

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS OR MORE (OTHER THAN PARKING VIOLATIONS), IF NONE, WRITE NONE

Location	Date	Charge	Penalty

(Attach sheet if more space is needed - although we certainly hope you don't need more space)

EDUCATION

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

Last school attended: _____ City _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	State	License Number	Type	Expiration

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ Yes

☐ No

B. Has any license, permit or driving privilege ever been suspended or revoked?

☐ Yes

☐ No

C. Have you ever been convicted of a felony?

☐ Yes

☐ No

If the answer to either A, B or C is Yes, attach statement giving details

DRIVING EXPERIENCE - IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Van, tank, flat, etc.)	Dates		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Motorcoach - School Bus				
Other				

List states operated in for last five years: _____

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

List Safe Driving Awards received and from whom: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

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

List courses and training other than shown elsewhere in this application

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

TO BE READ AND SIGNED BY APPLICANT

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.

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.

Date

Applicant's Signature

PROCESS RECORD

Applicant hired

Rejected

Date employed

Point Employed

Department

Classification

(If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal and Traffic Convictions						

Signature of interviewing officer _____