



3816 Bishop Lane
Louisville, KY 40218
502-915-7116

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, HD Transportation. considers qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

Date: / /

Position(s) Applied for: _____			
Name: _____		Social Security No.: _____	
Last	First	Middle	
Address: _____		City: _____	
State: _____	Zip Code: _____	Cell No. w/Area Code: _____	
Email Address: _____			

ADDRESS FOR PAST THREE YEARS

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

Do you have the legal right to work in the United States? _____	
Date of Birth: / /	Can you provide proof of age? _____
(Required for truck drivers)	
Have you worked for this company before? _____	If yes, Where? _____
Dates: From _____ To _____	Rate of Pay: _____ Position: _____
Reason for leaving: _____	
Are you now employed? _____	If no, how long since leaving last employment? _____
Who referred you? _____	Rate of pay expected: _____

Is there any reason you might not be able to perform the functions of the job for which you have applied? _____

If yes, explain if you wish: _____

During the past two years, while under DOT regulations, have you ever tested positive for illegal drugs? _____

During the past two years, while under DOT regulations, have you ever refused to be tested for illegal drugs? _____

EMPLOYMENT HISTORY

INSTRUCTIONS:

Applicants must provide **10** years of employment history.

List employers in reverse order starting with the most recent. Please request another sheet if necessary. Account for gaps in employment. (Start with most recent employment)

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part time (circle one)		
Subject to FMCSA regulations (circle one)	Yes	No
Job designated as a safety sensitive function in any DOT regulated mode subject to controlled substance & alcohol testing requirements as required by 49 CFR Part 40 (circle one)		
	Yes	No

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part-time (circle one)		
Subject to FMCSA regulations (circle one)	Yes	No
Job designated as a safety sensitive function in any DOT regulated mode subject to controlled substance & alcohol testing requirements as required by 49 CFR Part 40 (circle one)		
	Yes	No

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part-time (circle one)		
Subject to FMCSA regulations (circle one)	Yes	No
Job designated as a safety sensitive function in any DOT regulated mode subject to controlled substance & alcohol testing requirements as required by 49 CFR Part 40 (circle one)		
	Yes	No

Employer	Dates: From	To
Address		
City	State	Zip Code
Supervisor	Phone ()	
Position Held	Salary / Wage	
Reason for leaving		
Full or part-time (circle one)		
Subject to FMCSA regulations (circle one)	Yes	No
Job designated as a safety sensitive function in any DOT regulated mode subject to controlled substance & alcohol testing requirements as required by 49 CFR Part 40 (circle one)		
	Yes	No

DRIVING EXPERIENCE

CLASS OF EQUIPMENT (circle one)	DATES		APPROX. NO. OF MILES
	FROM	TO	
STRAIGHT TRUCK			
TRACTOR AND FLATBED			
TRACTOR AND VAN			
OTHER			

FLATBED EXPERIENCE: *Circle which applies to you.*

Minimum 6 months within last year. yes / no

3 or more years' experience with flatbeds. yes/no

Hauling steel coils: _____ years' experience

LIST STATES OPERATED IN FOR LAST FIVE YRS _____

SHOW SPECIAL COURSES/ TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHAT SAFE DRIVING AWARDS DO YOU HOLD & WHO FROM? _____

DO YOU HAVE A DOUBLES ENDORSEMENT? YES / NO

DO YOU HAVE A HAZ-MAT ENDORSEMENT? YES / NO

HAVE YOU BEEN TRAINED IN HAZARDOUS MATERIALS? YES / NO

ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS? YES/NO

IF YES, PLEASE EXPLAIN:

(Please EXCLUDE family members as references)

References	Name	Phone #	Title	Relationship

MILITARY SERVICE RECORD

Have you ever served in the US armed forces? YES / NO	Dates of Service:	From _____	To _____
If yes, In what branch did you serve? _____			
Highest Rank Achieved: _____	Rank at Discharge: _____	Type of Discharge: _____	
If other than honorable discharge, explain: _____			
Have you ever been rejected from the military? YES / NO If Yes, explain: _____			
Have you ever been court martialled, or received non-judicial punishment? YES / NO			

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, or medial 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 given.) I AUTHORIZE YOU TO CONTACT MY PRESENT EMPLOYER (if applicable). I hereby release employers, schools, health care providers, and other persons from any and 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 may result in discharge. I understand that I am required to abide by all rules and regulations of HD Transportation.

Signature: _____

Date: _____