A picture containing text, metalware, chain

Description automatically generated **Drivers Application**

**For Employment**

1040 S. Webb Ave, Alliance, Oh DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT NAME: PHONE:

ADDRESS:

STREET ADDRESS CITY STATE ZIP

DATE OF BIRTH: SOCIAL SECURITY #:

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**ADRESSES FOR PAST THREE YEARS**



STREET ADDRESS CITY STATE ZIP



STREET ADDRESS CITY STATE ZIP



STREET ADDRESS CITY STATE ZIP

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**EXPERIENCE & QUALIFICATIONS**

DRIVERS LICENSE:

|  |  |  |  |
| --- | --- | --- | --- |
| STATE | LICENSE # | TYPE | EXPIRATION DATE |
|  |  |  |  |

**\* HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVLEGE TO OPERATE A MOTOR VEHICLE?** **\_\_\_\_\_ YES \_\_\_\_\_ NO**

\* **HAS ANY LICENSE, PERMIT OR PRIVLEGE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_ YES \_\_\_\_\_ NO**

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**DRIVING EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **EQUIPMENT CLASS** | **EQUIPMENT TYPE** | **DATES** | **APPROXIMATE MILES** |
|  |  |  |  |
|  |  |  |  |

LIST THE STATES OPERATED IN FOR THE LAST 5 YEARS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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**ACCIDENT RECORD**

PLEASE INCLUDE WRECKS FROM THE LAST 3 YEARS.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF ACCIDENT | NATURE OF ACCIDENT | FATALITIES | INJURIES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TRAFFIC CONVICTIONS**

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | DATE | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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**EMPLOYMENT HISTORY**

**1. COMPANY NAME:**  FROM: TO:

ADDRESS: \_\_\_\_\_

CITY: STATE: ZIP:

CONTACT: PHONE #:

REASON FOR LEAVING:

**2.COMPANY NAME:**  FROM: TO:

ADDRESS:

CITY: STATE: ZIP:

CONTACT: PHONE #:

REASON FOR LEAVING:

**3.COMPANY NAME:**  FROM: TO:

ADDRESS:

CITY: STATE: ZIP:

CONTACT: PHONE #:

REASON FOR LEAVING:

**EDUCATION**

**CIRCLE HIGHEST GRADE COMPLETED**

**HIGH SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12**

**HIGH SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE:**

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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.

**THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION ON IT ARE TRUEAND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE DATE