



DRIVER'S APPLICATION FOR EMPLOYMENT

**Hammond Transportation, Inc.
1446 Danville Road Loop 1
Nicholasville, KY 40356-8093**

Date of Application: _____

(Please Print and Answer All Questions)

Name _____ **Social Security #** _____
Last First Middle Initial

Position (s) applied for _____ **Full Time** ___ **Part Time** ___

Rate of pay expected _____

Current (physical) Address _____
Street City State Zip How long?

Mailing Address (if different from current address)

Street City State Zip

Telephone Number _____ **Cell Phone Number** _____

Previous Address(es) for last 3 years. (Add another sheet if necessary.)

Previous Address _____
Number Street City State Zip Code

Date of Birth _____ **Can you provide proof of age?** _____
(Employment subject to minimum legal age verification, required for Commercial drivers)

Are you legally authorized to work in the U.S.? ___ Yes ___ No

Have you ever worked for this company? ___ Yes ___ No
If yes, give dates and position? _____
Reason for leaving _____

Are you currently employed? _____ **If not, how long since leaving last employment?** _____

Reason for leaving _____

Referred By: ___ Our Ad ___ Current Employee ___ Friend or Relative ___ Website
If current Employee, friend, or relative, who? _____

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.** _____

Contact in case of Emergency: Name _____ **Relationship** _____

Address _____
Number Street City State Zip Code

Phone Number _____ **Cell Phone Number** _____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___ Yes ___ No
 B. Have you ever had any license, permit, or privilege suspended or revoked? ___ Yes ___ No
 C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past three years from an employer who did not hire you? ___ Yes ___ No
 D. Have you ever been convicted of a felony? ___ Yes ___ No
 If the answers to A, B, C, or D is yes, please give details. _____

Conviction of a felony is not an automatic bar to employment – all circumstances will be considered.

Would you be willing to submit to pre-employment and random drug testing? ___ Yes ___ No

Do you have a valid Commercial Driver’s License? ___ Yes ___ No

If yes, list each unexpired commercial motor vehicle operator’s license or permit and issuing state:

License Number	Expiration Date	Issuing State	Type (Class)	Endorsements

Is your physical card current? ___ Yes ___ No Expiration Date _____

Driving Experience (Check Yes or No)

Class of Equipment	Circle Type of Equipment				Dates		Approx. # of Miles Total
	YES	NO	YES	NO	From (M/Y)	To (M/Y)	
Straight Truck					(VAN, TANK, FLAT, DUMP, REEFER)		
Tractor & Semi-trailer					(VAN, TANK, FLAT, DUMP, REEFER)		
Tractor – two trailers					(VAN, TANK, FLAT, DUMP, REEFER)		
Tractor – three trailers					(VAN, TANK, FLAT, DUMP, REEFER)		
Motor coach–School Bus							
Other							

List each state operated in for the last five (5) years: _____

List all traffic convictions of which you were convicted or forfeited bond or collateral during the past three years. (other than parking violations) If none, write none

Location	Date of conviction or Forfeiture	Charge	Penalty	Type of Vehicle operated

Have you had or been convicted of any “Out of Service” order violations? ___ Yes ___ No

If yes, please describe _____

Motor Vehicle Accident Record for Past three years (if none, write none)

(Attach sheet if more space is needed)

Date of Accident	Nature of Accident	Fatalities	Injuries
Last accident			
Previous			
Previous			

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

List safe driving awards that you have received and from whom _____

List any other specialized training that you have received that may help you in your work for this company _____

EDUCATION

Name/Location of School	Course Study	No. of years completed	Did you graduate?	Degree
Elementary				
High School				
College				
Other				

Please read the following statements carefully.

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.

I certify that I have completed this application, and that all the information provided is true and accurate. I authorized Hammond Transportation, Inc., to conduct a thorough background investigation in accordance with state and federal laws, and I authorize my previous employer(s) to release any information requested to Hammond Transportation, Inc., and to hold them harmless of all liabilities from the release of said information.

Also, in accordance with the provisions of 49 CFR parts 382.405 and 382.413, I hereby authorize and require my previous and/or current employer(s) specifically listed by me on this employment application to release the results (including refusal to test) of all drug and alcohol tests taken by me pursuant to 49 CFR during my employment with them.

I further authorize Hammond Transportation, Inc., 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 herein.

In the event of employment, I understand that false or misleading information given in my application or interviews) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

This certifies that this application, including the Employment history section of 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 of Applicant X _____ Date _____

*Detach the notice regarding your rights with respect to information received as a result of these investigations and keep for your records.

NOTICE REGARDING INVESTIGATIVE INFORMATION

Under applicable Federal Motor Carrier Safety Administrative (“FMCSA”) regulations, prospective employers are required to investigate your prior employment history and your former employers are required to provide employment history information to Hammond Transportation, Inc.

- A. You have the following rights regarding the investigative information that would be provided to Hammond Transportation, Inc. pursuant to the FMCSA regulations:
1. To review information provided by your previous employers;
 2. To have errors in the information corrected by your previous employer and for that previous employer to re-send the corrected information to Hammond Transportation, Inc.
 3. The right to have a rebuttal statement attached to the alleged erroneous information, if your previous employer and you cannot agree under the accuracy of the information.
- B. Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to Hammond Transportation, which may be done at any time, including when applying , or as late as thirty (30) days after being employed or being notified of denial of employment.
1. Hammond Transportation, Inc. must provide this information to you within five business days of receiving your written request.
 2. If Hammond Transportation, Inc. has not yet received the requested information from your Previous employer(s), then the five-business day deadline will begin when Hammond Transportation receives the requested safety performance history information.
 3. If you have not arranged to pick up or receive the requested information within thirty (30) days of Hammond Transportation, Inc. making the records available, it will be considered you have waived your request to review those records.

If you have any question with respect to these rights please contact the Safety Department.

* Keep this notice for your records*

EMPLOYMENT HISTORY

Note: Please list all employers for the past 10 years in reverse order starting with the most recent.
(Add another sheet if necessary) You must list complete address and phone numbers.

Employer	Dates of Employment			
Name	From:		To:	
Address	Month	Year	Month	Year
City	State	Zip	Position Held	
Contact Person	Phone #		Salary/Wage	
Fax #	Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed at this company? _____ Yes _____ No				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? _____ Yes _____ No				

Employer	Dates of Employment			
Name	From:		To:	
Address	Month	Year	Month	Year
City	State	Zip	Position Held	
Contact Person	Phone #		Salary/Wage	
Fax #	Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed at this company? _____ Yes _____ No				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? _____ Yes _____ No				

Employer	Dates of Employment			
Name	From:		To:	
Address	Month	Year	Month	Year
City	State	Zip	Position Held	
Contact Person	Phone #		Salary/Wage	
Fax #	Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed at this company? _____ Yes _____ No				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? _____ Yes _____ No				

Employer	Dates of Employment			
Name	From:		To:	
Address	Month	Year	Month	Year
City	State	Zip	Position Held	
Contact Person	Phone #		Salary/Wage	
Fax #	Reason for Leaving			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed at this company? _____ Yes _____ No				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? _____ Yes _____ No				

REQUEST INFORMATION FROM PREVIOUS EMPLOYER

Name of Applicant: _____ Social Security No: _____

Name of Previous Employer: _____ Fax #: _____

Your company has been listed by the applicant as a past employer. The above named applicant has applied for a safety sensitive position with Hammond Transportation, Inc.

Did this applicant work for you? Yes No If so what position _____

Dates of Employment from ___/___/___ to ___/___/___

If employed as a driver, please answer the following:

Was he/she a: Company Driver? _____ Owner/Operator? _____

Type of tractor operated: _____ Type of trailers operated: _____

Other equipment operated: _____

Please list any accidents that involved the applicant in the 3 years prior to the application date shown above.

If there is no accident data on this applicant please circle NO

Accidents YES or NO If so, please list information below:

Date	Location of Accident	# of Injuries	# of Fatalities	Preventable or Non

Any Traffic Violations YES or NO If so, please list the type of violation and the date:

License(s) suspended? YES or NO If yes, please give the date(s) of suspension: _____

Reason for leaving your company: Resigned _____ Discharged _____ Laid Off _____

Would you reemploy this person? YES or NO If no, please explain: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 3 YEARS:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES _____ NO _____

2. Did the employee have verified positive drug tests? YES _____ NO _____

3. Did the employee refuse to be tested? YES _____ NO _____

4. Did the employee have other violations of the DOT agency drug and alcohol testing regulations? YES _____ NO _____

5. Did the previous employer report a drug and alcohol violation to you? YES _____ NO _____

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A _____ YES _____ NO _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6 you must also transmit the appropriate return-to-duty documentation. (e.g. SAP report, follow-up testing record)

Name of person giving information	Title	Date
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I hereby authorize you to provide Hammond Transportation, Inc. with my safety performance history, accidents, and drug/alcohol testing records as required by applicable Federal Motor Carrier Safety Regulations, sections 40.25, 391.23, and 390.15. I hereby release this company, and its employees from any and all liability of any type as a result of providing the information to Hammond Transportation, Inc.

Applicant's Signature & Date

Prospective Employer: Hammond Transportation, Inc.
1446 Danville Road Loop 1
Nicholasville, KY 40356
(859)881-8060

Please fax completed form back to (859)881-8059