



**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\*\*