

Driver's Application for Employment

STAR FLEET INC
PO BOX 830
MIDDLEBURY, INDIANA 46540

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 _____

Name _____ Social Security No. ____/____/____

Current Address _____
Street City

State Zip Phone

If current residency is less than 3 years please include additional addresses for the past 3 years.

Street City, State and Zip

Street City, State and Zip

Do you have a legal right to work in the United States of America? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From ____/____/____ To ____/____/____ Position _____

Reason for leaving _____

Are you employed now? _____ If not, how long since leaving your last employment? _____

Who referred you? _____

Were you subject to the Federal Motor Carrier Safety Regulations by your previous employer? _____

Was your job designated as a safety sensitive position? (You would have been subject to FMCSR Drug and Alcohol Testing.) _____

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 _____

EMPLOYMENT HISTORY

You have the right to review all safety performance history information provided by your previous employers.
 All driver applicants to drive in interstate and intrastate commerce must provide the following information on all employers during the preceding **10** years. **LIST COMPLETE MAILING ADDRESSES, CITY, STATE, ZIP AND PHONE NUMBERS.**

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	

Accident Record for the past 3 years:

Dates	Nature of Accident	Fatalities	Injuries
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Traffic Convictions Moving Violations for the past 3 years, if none write none.

Dates	Location	Charge	Fine
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Education
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Drivers License Information:

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

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

If the answer to either A or B is yes, please give details: _____

Driving Experience If none write 'NONE'			
Class of Equipment:	Dates		Approx. Number of Total Miles
	Start	End	
Straight Truck	_____		
Tractor-Semi Trailer	_____		
Motor coach School Bus	_____		
5th Wheel RV's	_____		
Other	_____		

List all states operated in the last five years.

List special courses or training that you have taken that will help you as a driver.

Which Safe Driving Awards do you hold and from whom?

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

Date

Signature