



11 E.L. Morgan Drive
Jackson, TN 38301
(731) 423-8011

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Date of Birth: _____ Social Security No.: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Position Applied for: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO Have you ever been convicted of a misdemeanor? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Driver's License Information

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
Driver's Licenses:				

Have you ever been convicted of a DUI/DWI or open container? If so, when? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

Driver's Experience

All accident records for the past 5 years or more. If none write NONE.

DATES	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES
Last accident			
Previous accident			
Previous accident			

All traffic convictions and fines for past 5 years (other than parking violations). If none write NONE.

LOCATION	DATE	CHARGE	PENALTY

Driving Experience. If none write NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Truck, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Motor Coach – School Bus				
Other				

List states in which you have operated during the past 5 years: _____

List special courses or training you've had that will help you as a driver: _____

List any safe driving awards you hold, and from when: _____

List special equipment or technical materials you can work with (other than those already shown): _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I authorize Drive-Train Center, LLC to make any inquiries of my personal, employment, financial or medical history (including my drug/alcohol tests conducted under 49 CFR, Parts 382 or 391), and other related matters as may be necessary in arriving at an employment decision. 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. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that I am required to abide by all rules, policies and regulations of Drive-Train.

Signature: _____ Date: _____

Additional Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?