

# Application For Employment Commercial Drivers

For Employment With  
Pahoa Express Inc  
38151 Groesbeck Hwy  
Clinton Twp, MI 48036

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_  
(Go Back 3 years) Street City State Zip

Address \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

Can you legally be employed in the United States? \_\_\_\_\_ Do you have any proof of age? \_\_\_\_\_  
Required for commercial drivers

Have you ever been employed by this company before? \_\_\_\_\_ If so, When? \_\_\_\_\_

What was your rate of pay? \_\_\_\_\_ Position Held \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Currently Employed \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

If not, How long since you were last employed? \_\_\_\_\_ What pay rate are you expecting? \_\_\_\_\_

How did you hear about this company? \_\_\_\_\_

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use this space for comments, additional information, or to explain periods of time between employers.

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# Driving Qualifications And Experience

## LICENSES HELD

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
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## EQUIPMENT EXPERIENCE

Equipment Class	Equipment Type	For How Long? (yrs)	Total Miles (Approx.)
Tractor			
Tractor w/ Two-Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years? \_\_\_\_\_

Have you ever had your license revoked or suspended? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Why? (Please Explain) \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Why? (Please Explain) \_\_\_\_\_

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

## Accidents And Violations

### ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

Describe: \_\_\_\_\_

Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

Describe: \_\_\_\_\_

Date: \_\_\_\_\_ Injuries? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

Describe: \_\_\_\_\_

### TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

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Date: \_\_\_\_\_ Where? \_\_\_\_\_ Violation: \_\_\_\_\_ Penalty: \_\_\_\_\_

# Education And Training

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? \_\_\_\_\_ If so, when and what branch? \_\_\_\_\_ - \_\_\_\_\_

Please list any training you have received that you think will benefit you in the position for which you are applying. \_\_\_\_\_

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Please provide three personal references.

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have not mentioned previously, special accomplishments or comments you would like us to consider.

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# Carefully Read The Following And Sign

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Do not write below this line - Office use only)

## Interview Notes

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Application Results

Hired or Rejected? \_\_\_\_\_ Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_

If rejected, why? \_\_\_\_\_  
\_\_\_\_\_

Date to Start: \_\_\_\_\_ Starting Pay: \_\_\_\_\_

Comments, Complaints, Etc. : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Termination Date: \_\_\_\_\_ Quit or Dismissed? \_\_\_\_\_ Why? \_\_\_\_\_