

**LANDVATTER WEST**  
**APPLICATION FOR EMPLOYMENT**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

\*CURRENT ADDRESS \_\_\_\_\_

Street

City

State

Zip Code

\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

\_\_\_\_\_  
Street

City

State

Zip Code

\_\_\_\_\_  
Street

City

State

Zip Code

EMAIL ADDRESS: \_\_\_\_\_

Position Applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Requested Location \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Names of any Relatives Employed by this Company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12      College: 1 2 3 4

Last School Attended \_\_\_\_\_  
Name Address

## EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three-year period. S. 391.21 (b)(10),(11)

Start with the **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

**Current Employer** \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for Leaving \_\_\_\_\_

**Company** \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for Leaving \_\_\_\_\_

**Company** \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for Leaving \_\_\_\_\_

## DRIVER EXPERIENCE & QUALIFICATIONS

(Answer the questions in this section only if applying for driver position.)

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth S. 391.21(b)(2)

### Driver's Licenses Held in Past 3 Years:

| State | License No. | Class | Endorsement(s) | 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 privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to A, B, or C, attach a statement giving details.

**Driving Experience:**

| Class of Equipment       | Type of Equipment<br>(Van, Tank, Flat, etc.) | Dates |    | Approximate<br>Total Miles |
|--------------------------|--|-------|----|----------------------------|
|                          |  | From  | To |                            |
| Straight Truck           |  |       |    |                            |
| Tractor and Semi-Trailer |  |       |    |                            |
| Twin Trailers – LCV's    |  |       |    |                            |
| Other                    |  |       |    |                            |

List states operated in during last five years \_\_\_\_\_

\_\_\_\_\_

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

List safe driving awards held and whom awards were presented by \_\_\_\_\_

**Accident Review for Past 3 Years:**

(Attach separate sheet of paper if more space is needed)

| Dates         | Nature of Accident<br>(Head-on, Rear-end, Overturn, etc.) | Fatalities | Injuries |
|---------------|---|------------|----------|
| Last Accident |   |            |          |
| Next Previous |   |            |          |
| Next Previous |   |            |          |

**Traffic Convictions and Forfeitures for the Past 3 Years other than Parking Violations:**

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that my paycheck will be direct deposited into my bank account, and I agree to furnish the company with the proper forms to initiate and process direct deposit. These forms are mandatory and must be submitted before your first day of working for the company.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

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

EMAIL Address \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

## MOTOR VEHICLE RECORD DISCLOSURE AND RELEASE

In connection with my ongoing employment or my application for employment, should I have or secure a position with Landvatter West LLC, I understand that a motor vehicle record, which contains public record information, will be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Landvatter West LLC., or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. Landvatter West LLC. commercial auto insurer and agent will also use this information in conjunction with the loss control and safety review efforts.

\_\_\_\_\_  
FULL LEGAL NAME (Include Middle Initial)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER/STATE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE