

Dedicated Distribution Services, Inc.

280 Indian Springs Road Ste 116, Indiana, PA 15701
Tel: 724-349-7816 Fax: 724-463-2717
www.ddsfleet.com

APPLICATION FOR EMPLOYMENT DRIVER

Completed by Melissa

Position: _____ Dept: _____ Start Date: _____ Pay Rate: _____ Full/Part Time

Name: _____

Address: _____

City/State/Zip _____ County: _____

Phone: _____ Cell: _____

Social Security Number (for MVR): _____ Date of Birth: _____

Address for the past three years, if different from above:

_____ How long? _____
City State Zip

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

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

How did you learn about this company? _____

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

In compliance with the Federal and State 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.

Driver Signature: _____ Date: _____

Dedicated Distribution Services, Inc.

EMPLOYMENT HISTORY

All applicants must provide the following on all employers during the preceding **three (3) years**. Please list employers in reverse order starting with the most recent. Add another sheet if necessary.

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (____) _____ - _____

Employment: from _____ to _____ Position: _____

Reason for Leaving: _____

Were you subject to the FMCS Regulations while employed here? _____

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? _____

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (____) _____ - _____

Employment: from _____ to _____ Position: _____

Reason for Leaving: _____

Were you subject to the FMCS Regulations while employed here? _____

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? _____

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (____) _____ - _____

Employment: from _____ to _____ Position: _____

Reason for Leaving: _____

Were you subject to the FMCS Regulations while employed here? _____

Was the job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? _____

Dedicated Distribution Services, Inc.

EDUCATION

Please complete the following information:

	Name of School/University	City, State	Highest Yr Completed													
Elementary	_____	_____	1	2	3	4	5	6	7	8						
High School	_____	_____	9	10	11	12										
College	_____	_____														
Other	_____	_____														

ACCIDENT / VIOLATION RECORD ACCIDENT

Accident record for past three (3) years. Attach additional sheet if necessary.

Date: _____ Nature of accident: _____

Fatalities: _____ Injuries: _____

Date: _____ Nature of accident: _____

Fatalities: _____ Injuries: _____

Date: _____ Nature of accident: _____

Fatalities: _____ Injuries: _____

QUALIFICATIONS

Driver Licenses:

State: _____ Number: _____ Type: _____ Expiration: _____

State: _____ Number: _____ Type: _____ Expiration: _____

State: _____ Number: _____ Type: _____ Expiration: _____

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: _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE A STATEMENT OF THE DETAILS

Driver Signature: _____

Date: _____

Dedicated Distribution Services, Inc.

DRIVING EXPERIENCE

Class of Equipment	Type (van, flat, tank, etc.)	Dates from – to	Approximate # of miles
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Straight Truck:

Tractor and Semi-Trailer:

Tractor: Doubles, Triples:

Other:

List states operated in for last five years:

List special courses, training or experiences that have helped you as a professional driver:

List safe driving and other awards with dates and from whom:

Driver Signature: _____

Date: _____

Dedicated Distribution Services, Inc.

TO BE READ AND SIGNED BY DRIVER

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicants' record, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information. In accordance with 391.23 of the FMCSR you have due process rights and you are aware of these rights.
- The applicant agrees to furnish such additional information and complete such examination as necessary to complete applicants' employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted would be deemed sufficient reason for rejection or termination of the applicant's employment irrespective of time lapsed before discovery.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs and alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, the undersigned applicant has completed this application.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from DAC Services, that will include information as to my character, work habits, performance and experiences, along with reasons for termination of past employment obtained from previous employers. Further, I understand you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information which DAC has or obtains, and my employment history with you, if hired, will be supplied by DAC to other companies which subscribe to DAC services. I allow ECBM (insurance) to release my driving record to Dedicated Distribution Services, Inc.
- If hired by you, I further consent to your furnishing to DAC information concerning my character, work habits, performance, driving record, and experience, as well as any reasons for termination of my employment and further consent to DAC furnishing such information in the future to other companies which subscribe to DAC services from which I may seek employment, and to insurance companies or their agents in connection with the issuance or maintenance of insurance coverage.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter, interviewer, or other representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time.

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.

Driver Signature: _____

Date: _____