



CMV DRIVER'S APPLICATION FOR EMPLOYMENT

1659 Cooters Point Road
Gilbert, Louisiana 71336

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of Application _____

Position(s) Applied for _____

Name _____
Last Middle First

Social Security Number _____ - _____ - _____

List your addresses of residence for the past 3 years.

Current Address _____
Street City
State Zip Code Phone
How long at this address? _____
yr / mo

Previous _____
Street City State & Zip Code yr / mo

Addresses _____
Street City State & Zip Code yr / mo

Street City State & Zip Code yr / mo

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

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ When? _____
From / To

Rate of Pay _____ Position _____ Reason for leaving _____

Are you currently employed? _____

If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

• All driver applicants to drive in interstate commerce must provide the following information on all employers during the past 3 years.

• Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

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

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

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

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

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

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

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

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

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

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

Experience & Qualifications—Other

Show any trucking, transportation or other experience that may help in your work for this company _____

List course & training other than shown elsewhere in this application

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

TO BE READ & SIGNED BY APPLICANT

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, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all the rules and regulations of KDM Construction, L.L.C.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

Applicant Hired _____

Rejected _____

Date Employed _____

Point Employed _____

Department _____

Classification _____

(If rejected, summary report of reasons should be placed in file)

This section to be filled in by responsible
Officer or Company Representative.

	Below				Written Record on file
	Superior	Good	Fair	Average	
1. Application					
2. Interview					
3. Past Employment					
4. Written Exam					
5. Road Test					
6. Criminal & Traffic Convictions					

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____
