

St. Louis, Mo 63123

COMPANY DRIVER APPLICATION

APPLICATION FOR EMPLOYMENT

PART 1

Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability.

Recruiter		D	ate of Applicati	on		
NameLAST FIRST		S	ocial Security N	No		
Present Street Address	MIDDI		7IP	_ Phone (.)	
Previous Addresses during last 3 year						
Date of Birth (required by FMCSR 39	91.21 (2) to verify mot	or vehicle report)				
In case of emergency notify		ADDRESS	STATE	()PHO	NE
Alternate emergency phone #			Name			
Have you applied for work and/or wo	orked for this company	before? Yes	No	When?		
If hired, can you present evidence of	your U.S. citizenship o	or proof of your le	gal right to live	e and work in t	his country?	Yes No
Position for which you are applying:	_					
Are you able to perform the essential YesNo	RADING?New se, permit, or privilege ege ever been suspend- le intoxicated? Yes lrug (including marijua or possession, sale, or u a criminal offense? (A nal actions pending in	to operate a mote do revoked? You now yes No na)? Yes No ase of a narcotic do conviction will which you are a down to the conviction	or vehicle? Yes es No If yes, rug, amphetam not necessarily efendant? (A "	No No when was the ine or a derival disqualify you yes" answer w	Employee Reference Last time?tive thereof? from employments.	ent.)
H. Are you currently on probation o	r parole? (A "yes" ans	wer will not nece	ssarily disquali	fy you from en	nployment.) Yes	No
If yes to any of the above questions, s	state circumstances and					
EDUCATION Circle highest grade completes: 1 2 List any other specialty training or sc		gh School 1 2 3	4 Colleg	ge 1 2 3 4	Graduate	School 1 2 3
Military Status Have you ever served in the U.S. Arn Duties	ned Forces? Yes	_ No	Branch		Dates: From	To

EMPLOYMENT RECORD FOR TEN YEARS

PART 2

All applicants must list all full and part-time employment including military service, self-employment and periods of unemployment during preceding 10 years. Note: List employers in reverse order starting with most recent. Use additional sheet if necessary.

CURRENT OR MOST RECENT EMPLOYER	May We Call?	Yes	_ No	Mo Day Yr	Mo Day Yr
Name				From	_ To
Address				Phone No. ()	
Position Held	Supervisor				
Reason for Leaving	Type of Equip. Driven				
GAP IN EMPLOYMENTFROM: TO					
SECOND PRIOR EMPLOYER	May We Call?			Mo Day Yr	Mo Day Yr
Name				From	To
Address				Phone No. ()	
Position Held				Supervisor	
Reason for Leaving				Type of Equip. Driven	
GAP IN EMPLOYMENTFROM: TO	O:EXPLA	IN			
THIRD EMPLOYER	May We Call?	Yes	No	Mo Day Yr	Mo Day Yr
Name				From	_ To
Address				Phone No. ()	
Position Held				Supervisor	
Reason for Leaving				Type of Equip. Driven	
GAP IN EMPLOYMENTFROM: TO	O: EXPLA	IN			
FOURTH EMPLOYER	May We Call?	Yes_	No	Mo Day Yr	Mo Day Yr
Name				From	To
Address				Phone No. ()	
Position Held				Supervisor	
Reason for Leaving				Type of Equip. Driven	
GAP IN EMPLOYMENTFROM: TO	O:EXPLA	IN			
FIFTH EMPLOYER	May We Call	? Yes_	No	Mo Day Yr	Mo Day Yr
Name				From	_ To
Address				Phone No. ()	
Position Held				Supervisor	
Reason for Leaving				Type of Equip. Driven	
GAP IN EMPLOYMENTFROM: TO	O:EXPLA	IN			

PPLICATION FOR EMPLOYMENT PART:

DRIVING EXPE	RIENCE		APPLICAT	ION FOR	K ENIPL	OTMENT I	CARI 3			
Class of Equipment	Type	of Equipm	nent: Van, Tank, Flat, e	tc. Dates:	Dates: From To		Approx. No. Of Miles Total			
Straight Truck										
Tractor and Semi	Гrailer									
Tractor and Two T	railers									
Other										
LICENSE										
	held in past 3	5 years (NO	OTE: A copy of your va	ılid driver's lice	ense or CDL	must be attached to your	application to	o be conside	red)	
STATE		LICEN	SE NUMBER	TY	PE	ENDORSEMENTS		EXP	IRATION DATE	
MOVING TRAFFIC CONVICTIONS List for 5 years, If none, write NONE										
DATE			LOCATION (STA	ATE)		CHARGE		PE	PENALTY	
			•	,						
ACCIDENT REC										
List all involvement wi	th truck and	car, includ	ing property damage, f	for past 5 years	. Include pre	ventable and non-preven	table. If non	e, write NO	NE.	
DATE	DATE TYPE VEHICLE		NATURE OF ACCIDENT	INDICATE PREVENTABLE OR NON- PREVENTABLE		FATALITIES	INJURIES		AMOUNT OF PROPERTY DAMAGE	
		HAVE (OPERATED A CI	LASS-A MO	OTOR VE	CHICLE IN THE PA	AST FIVE	E YEARS		
LIST ALL STATE	ES:									
REFERENCES Please list 2 people able to verify your employment and personal history, such as co-worker, neighbor, customer or an upstanding citizen of your community. Do not list relatives.										
1. Name	1. NameRelationship									
Address	AddressPhone #									
2. Name	NameRelationship									
AddressPhone #										
ACKNOWLEDGEMENT I give EXPORT TRADING (The Company) the right to investigate all references and to secure additional information about me, if job-related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations for furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent, and release from liability the Company and its representatives, to respond to any inquirers made about me as part of a reference check by any subsequent or potential employer. From time to time the Company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment. This application is active for 60 days from the date it is completed.										
In understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representatives of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered employment by the Company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.										
I have read carefully the above knowledge.	information, unde	erstand and acc	ept the contents thereof. I certification	fy that this application	on was completed	I by me, and that all entries on it a	nd information in	it are true and c	omplete to the best of my	

Date____

Signature_