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**CDL DRIVER’S APPLICATION FOR EMPLOYMENT**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | | | |  | | | | | | | | | Date: | |  | | | | | |
| Position Applied For: | | | |  | | | | Rate of Pay Expected: | | | | | | |  | | | | | |
| Date of Birth:  *(Required for Commercial Drivers)* | | | |  | | | | Social Security Number:  *(Required for Commercial Drivers)* | | | | | | |  | | | | | |
| Email Address: | | | |  | | | | Phone Number: | | | | | | |  | | | | | |
| Are you authorized to work in the United States? | | | | Yes No | | | | Can you provide proof of age? | | | | | | | Yes No | | | | | |
| How did you hear about this position?  *(List employee if referred)* | | | |  | | | | | | | | | | | | | | | | |
| **LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS:** | | | | | | | | | | | | | | | | | | | | |
| Current Address: | | | |  | | |  | | |  | | | | | | | | |  | | |
|  | | | Street | | | | City | | | | State | | | | | | | Zip Code | | | |
|  | | | Phone: | |  | | | | | Length of Residency: | | | | | | | |  | | | |
|  | | |  | |  | | | | |  | | | | | | | | Yr./mo. | | | |
| Previous Address 1: | | |  | | | |  | | | |  | | | | | | |  | | | |
|  | | | Street | | | | City | | | | State | | | | | | | Zip Code | | | |
|  | | | Phone: | |  | | | | | Length of Residency: | | | | | | | |  | | | |
| Previous Address 2: | | |  | |  | | | | |  | | | | | | | |  | | | |
|  | | | Street | | City | | | | | State | | | | | | | | Zip Code | | | |
|  | | | Phone: | |  | | | | | Length of Residency: | | | | | | | |  | | | |
|  | | |  | |  | | | | |  | | | | | | | | Yr./mo. | | | |
| Have you worked for this company before? | | | | | | Yes No | | | If yes, where? | | | | |  | | | | | | | |
| Position: |  | | | | | Employment Dates: | | | From: | | |  | | | | | To: | | |  | |
| Reason for Leaving: | |  | | | | | | | | | | | | | | | | | | | |
| Are you employed now? | |  | | | | If not, how long since leaving last employment? | | | | | | | | | |  | | | | | |
| 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 must provide the following information on all employers during the

preceding three (3) years to drive in interstate commerce. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* intrastate or interstate commerce shall also prove the additional seven (7) years information on those employers for whom the applicant operated such vehicle.

***(NOTE: List employers starting with the current/most recent. Add another sheet as necessary.)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer Name: | |  | | | | | From: | Mo: | Yr: | | To: | Mo: | Yr: |
| Address: | |  | | | | | Position Held: | | |  | | | |
| City: |  | | State: |  | Zip Code: |  | Reason for Leaving: | | |  | | | |
| Contact Person: | |  | | | | | Phone Number: | | |  | | | |
| Were you subject to the FMCSRs+ while employed? | | | | | | |  | | | | | | |
| Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |
| Employer Name: | |  | | | | | From: | Mo: | Yr: | | To: | Mo: | Yr: |
| Address: | |  | | | | | Position Held: | | |  | | | |
| City: |  | | State: |  | Zip Code: |  | Reason for Leaving: | | |  | | | |
| Contact Person: | |  | | | | | Phone Number: | | |  | | | |
| Were you subject to the FMCSRs+ while employed? | | | | | | |  | | | | | | |
| Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |
| Employer Name: | |  | | | | | From: | Mo.: | Yr.: | | To: | Mo.: | Yr.: |
| Address: | |  | | | | | Position Held: | | |  | | | |
| City: |  | | State: |  | Zip Code: |  | Reason for Leaving: | | |  | | | |
| Contact Person: | |  | | | | | Phone Number: | | |  | | | |
| Were you subject to the FMCSRs+ while employed? | | | | | | |  | | | | | | |
| Was your job designated a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |
| Employer Name: | |  | | | | | From: | Mo.: | Yr.: | | To: | Mo.: | Yr.: |
| Address: | |  | | | | | Position Held: | | |  | | | |
| City: |  | | State: |  | Zip Code: |  | Reason for Leaving: | | |  | | | |
| Contact Person: | |  | | | | | Phone Number: | | |  | | | |
| Were you subject to the FMCSRs+ while employed? | | | | | | |  | | | | | | |
| Was your job designating a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | | | | | | | |  | | | |

\*Includes vehicles having a GVWR or 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+ The Federal motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR if 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE IS NEEDED). *IF NONE, WRITE NONE.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Dates** | **Nature of Accident (Head-on, Rear-End, Upset, etc…)** | **FATALITIES** | **INJURIES** | **HAZARDOUS MATERIAL SPILL** |
| Last Accident |  |  |  |  |  |
| Next Previous |  |  |  |  |  |
| Next Previous |  |  |  |  |  |

**TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST 3 YEARS. (ATTACH SHEET IF MORE SPACE IS NEEDED). *IF NONE, WRITE NONE.***

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION** | **DATE** | **CHARGE** | **PENALTY** |
|  |  |  |  |
|  |  |  |  |

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Driver’s License or Permits held in the past 3 years.** | **STATE** | **LICENSE NO.** | **CLASS** | **ENDORSEMENT(S)** | **EXPIRATION DATE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***QUESTIONS:***

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO
2. Has any license, permit or privilege ever been suspended or revoked?  YES  NO

IF THE ANSWER TO EITHER A or B IS YES, GIVE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVING EXPERIENCE – CHECK YES OR NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS OF EQUIPMENT** | **CIRCLE TYPE OF EQUIPMENT** | **DATES**  **FROM (M/Y) TO (M/Y)** | **APPROX. NO. OF MILES (TOTAL)** |
| Straight Truck  YES  NO | (VAN, TANK FLAT, DUMP, REFER) |  |  |
| Tractor and Semi-Trailer  YES  NO | (VAN, TANK FLAT, DUMP, REFER) |  |  |
| Tractor-Two Trailers  YES  NO | (VAN, TANK FLAT, DUMP, REFER) |  |  |
| Tractor-Three Trailers  YES  NO | (VAN, TANK FLAT, DUMP, REFER) |  |  |
| Motorcoach-School Bus (more than 6 passengers)  YES  NO |  |  |  |
| Motorcoach-School Bus (more than 6 passengers)  YES  NO |  |  |  |
| Other |  |  |  |

List the states you’ve operated in for the last five years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List any safe driving awards that may hold and from whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

List any trucking, transportation or other experience that may help you in your work for this company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List courses and training other than shown elsewhere in this application:

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

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

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

**EDUCATION – Circle highest year completed**

High school: 1 2 3 4 College: 1 2 3 4 Major (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION**

I certify that this application was completed by me and that all entries and information listed on it are true and complete to the best of my knowledge.

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

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**CONSENT AUTHORIZATION**

I authorize Maui Soda & Ice Works, Ltd. to make such investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary at 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 the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e).

I understand that I have the right to:

* Review the information provided by previous employers
* Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer
* Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

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