

APPLICATION FOR EMPLOYMENT

APPLICANT READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

* Must be 18 Years or Older to Apply*

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.29 of Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE _____

WHAT POSITION ARE YOU APPLYING FOR? _____

NAME _____ PHONE _____
(First) (Middle Name, If any) (Last)

| | | | | |
|-------------------|-------------------------|-----------------------|---------------------------------------|-----------------|
| ADDRESS _____ | <small>(Street)</small> | <small>(City)</small> | <small>(State & Zip Code)</small> | HOW LONG? _____ |
| ADDRESS _____ | <small>(Street)</small> | <small>(City)</small> | <small>(State & Zip Code)</small> | HOW LONG? _____ |
| FOR PAST _____ | <small>(Street)</small> | <small>(City)</small> | <small>(State & Zip Code)</small> | HOW LONG? _____ |
| THREE YEARS _____ | <small>(Street)</small> | <small>(City)</small> | <small>(State & Zip Code)</small> | HOW LONG? _____ |
| _____ | <small>(Street)</small> | <small>(City)</small> | <small>(State & Zip Code)</small> | HOW LONG? _____ |
| _____ | <small>(Street)</small> | <small>(City)</small> | <small>(State & Zip Code)</small> | HOW LONG? _____ |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____ DATES FROM _____ TO _____

RANK AT DISCHARGE _____ DATE OF DISCHARGE _____

(IN N.J. DO NOT FILL IN THIS LINE UNLESS HIRED) DRAFT STATUS _____ RESERVE STATUS _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(Name) (City)

EXPERIENCE AND QUALIFICATIONS ----- DRIVER

| DRIVERS LICENSE | STATE | LICENSE NO. | TYPE | 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 _____
 (IF THE ANSWER TO EITHER A OR B IS YES, ATTATCH STATEMENT GIVING DETAILS)

Doc's Reverse Units & Rental Tools, Inc. is an Equal Opportunity Employer.

Doc's Reverse Units & Rental Tools, Inc. does NOT discriminate on the basis of race, religion, ethnicity, sex, or age.

**EMPLOYMENT FOR THE PAST 7 YEARS
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

2nd LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

3rd LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

4th LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

5th LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

6th LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

7th LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

PREVIOUS DRIVING EXPERIENCE

(a) Have you been employed as a driver by other Motor Carriers prior to date of this application? YES _____ NO _____

(b) If so how long did you operate: straight trucks _____, tractors and semi-trailers _____
tractors and full trailers _____, oil field winch- type trucks _____
, or tractor –tank semi-trailers _____, trucks and pole trailers _____

(c) Give the length of time you were engaged in transporting: general freight (regular routes) _____
, machinery and heavy cargo _____, perishables _____
, liquids _____, other (state kind) _____

ACCIDENT RECORD

List all accidents in which you were involved as a driver during the preceding five years.

| Date | Nature | Number of Fatalities | Persons Injured |
|-------|--------|----------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

WORK INJURY RECORD

List all personal injuries suffered by you that were job connected, and give the following information pertaining to each injury. If not, so state:

| Date | Employer | Type | Compensatory | Non- Compensatory |
|-------|----------|-------|--------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

TRAFFIC VIOLATION RECORD

List all violations of motor vehicle law or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three years preceding date of this application.

| Date | Type | Location |
|-------|-------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

