



DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered for positions without regard to race, color, creed, age, sex, disability, or national origin

I. GENERAL

Please print plainly and complete all blank spaces

				Cell Phone:	
Name:	First	Middle	Last		Home Phone:
Current Address:	Number	Street	City	State	Zip
Previous Address:	Number	Street	City	State	Zip
	Number	Street	City	State	Zip
Date of Birth	Social Security No:		Height	Weight	Marital Status Divorced Single Married Separated
Name of Father	Address		Telephone	Occupation	Employer
Name of Mother	Address		Telephone	Occupation	Employer
Name of Spouse	Address		Telephone	Occupation	Employer
Emergency Contact:	Name	Address		City, State	Phone
Friends or Relatives Employed By CRST: Yes No		Name		Relationship	
Personal References, Other Than Relative:					
Name			Day Telephone No.		
Name			Day Telephone No.		
Name			Day Telephone No.		
List ALL Driver Licenses/Permits Held Currently AND Previously					
State	License Number	Type	Endorsements	Expiration Date	

II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent employer and work backward in order, listing all of your employers for the last 3 years. All time must be accounted for including military service, self-employment, and periods of unemployment. **FEDERAL LAW requires ALL commercial tractor-trailer driving jobs in the last 10 years to be listed on your application. Failure to list driving employment will be in violation of federal law.** Use supplementary sheet if necessary.

Current Or Most Recent Employer			Name			Supervisor		
Are You Presently Employed? Yes No			May We Contact Your Present Employer? Yes No					
Address	Street		City		State & Zip		Telephone	
Position			From		To		Rate of Pay	
Semi Tractor	Straight Truck Truck Operated	Other	Van	Flat	Reefer Trailer Pulled	Container	Materials Hauled	
Reason For Leaving			Mile Radius Driven In			Number of States		
Number of Accidents		Please Provide Details On Each Accident						
Second Last Employer			Name			Supervisor		
Address	Street		City		State & Zip		Telephone	
Position			From		To		Rate of Pay	
Semi Tractor	Straight Truck Truck Operated	Other	Van	Flat	Reefer Trailer Pulled	Container	Materials Hauled	
Reason For Leaving			Mile Radius Driven In			Number of States		
Number of Accidents		Please Provide Details On Each Accident						
Third Last Employer			Name			Supervisor		
Address	Street		City		State & Zip		Telephone	
Position			From		To		Rate of Pay	
Semi Tractor	Straight Truck Truck Operated	Other	Van	Flat	Reefer Trailer Pulled	Container	Materials Hauled	
Reason For Leaving			Mile Radius Driven In			Number of States		
Number of Accidents		Please Provide Details On Each Accident						
Fourth Last Employer			Name			Supervisor		
Address	Street		City		State & Zip		Telephone	
Position			From		To		Rate of Pay	
Semi Tractor	Straight Truck Truck Operated	Other	Van	Flat	Reefer Trailer Pulled	Container	Materials Hauled	
Reason For Leaving			Mile Radius Driven In			Number of States		
Number of Accidents		Please Provide Details On Each Accident						

II (A). EMPLOYMENT RECORD FOR PAST 10 YEARS SUPPLEMENTARY PAGE

Begin with your present or most recent employer and work backward in order, listing all of your employers for the last 3 years. All time must be accounted for including military service, self-employment, and periods of unemployment. **FEDERAL LAW requires ALL commercial tractor-trailer driving jobs in the last 10 years to be listed on your application. Failure to list driving employment will be in violation of federal law.** Use supplementary sheet if necessary.

Fifth Last Employer			Name			Supervisor		
Address	Street		City		State & Zip		Telephone	
Position			From		To		Rate of Pay	
Semi Tractor	Straight Truck Truck Operated	Other	Van	Flat Trailer Pulled	Reefer	Container	Materials Hauled	
Reason For Leaving			Mile Radius Driven In			Number of States		
Number of Accidents		Please Provide Details On Each Accident						
Sixth Last Employer			Name			Supervisor		
Address	Street		City		State & Zip		Telephone	
Position			From		To		Rate of Pay	
Semi Tractor	Straight Truck Truck Operated	Other	Van	Flat Trailer Pulled	Reefer	Container	Materials Hauled	
Reason For Leaving			Mile Radius Driven In			Number of States		
Number of Accidents		Please Provide Details On Each Accident						
Seventh Last Employer			Name			Supervisor		
Address	Street		City		State & Zip		Telephone	
Position			From		To		Rate of Pay	
Semi Tractor	Straight Truck Truck Operated	Other	Van	Flat Trailer Pulled	Reefer	Container	Materials Hauled	
Reason For Leaving			Mile Radius Driven In			Number of States		
Number of Accidents		Please Provide Details On Each Accident						
Eighth Last Employer			Name			Supervisor		
Address	Street		City		State & Zip		Telephone	
Position			From		To		Rate of Pay	
Semi Tractor	Straight Truck Truck Operated	Other	Van	Flat Trailer Pulled	Reefer	Container	Materials Hauled	
Reason For Leaving			Mile Radius Driven In			Number of States		
Number of Accidents		Please Provide Details On Each Accident						

III. DRIVING RECORD

List **ALL** traffic violations for which you have been convicted or forfeited bond or collateral in the past 3 years. (If none, write none)

Date	Location	Charge	Penalty

List and describe **ALL** accidents and cargo claims (**regardless of fault**) in the past 3 years. (If none, write none)

Date	Description of Accident or Cargo Claim	Were You Cited?	Any Injuries?	Any Fatalities?
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No

Show special courses or training that will help you as a driver

Which safe driving awards do you hold and from whom?

Have you EVER been convicted of a felony?

Yes No

Have you EVER been convicted of a misdemeanor?

Yes No

Have you EVER had a restricted license?

Yes No

Have you EVER been convicted of driving while intoxicated?

Yes No

Have you EVER failed a controlled substance test?

Yes No

Have you EVER had your license suspended?

Yes No

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle?

Yes No

Have you EVER been disqualified subject to Section 391.15 of Federal Motor Carriers Safety Regulations?

Yes No

If yes to any above, please provide dates & details

IV. EDUCATIONAL BACKGROUND

Type of School	Name, City, & State	Graduated	How many years attended?	Major
Grade		Yes No		
High School		Yes No		
College		Yes No		
Graduate		Yes No		
Bus. Or Trade		Yes No		
Driving School		Yes No	Graduation Date:	

V. MILITARY STATUS

Branch of U.S. Armed Forces?	From:	To:
Reason For Leaving:		
Honorable Discharge? Yes No	Any medical disability as a result of service? Yes No	

VI. FLATBED EXPERIENCE

Years of Experience:				Miles:		
Materials Hauled?	Yes	No		Equipment You Have Experience With?	Yes	No
Coiled Steel				Chains & Binders		
Sheet Steel				Straps		
Bars/Rods				Full Tarps		
Reels of Cable				Top Tarps w/ Side Kits		
Wallboard				Multiple Tarps		
Lumber				Use of Coil Racks		
Steel Pipe				Multi-Axle		
Plastic Pipe				Headache Rack/Tractor		
Vehicles						
Machinery						

VII. CERTIFICATION OF COMPLIANCE

I hereby certify I possess only one driver's license for the state of my residence and have returned all other(s) I have previously possessed to the State(s) of issuance, other than the license listed below

Operator's Signature:	Date:
License Number:	State:

VIII. GENERAL INFORMATION

I was recommended by		I will drive for	
I am an owner-operator and have a	Year	Make	
How did you hear about this company?	Advertisement – Name of Publication		
	Friend Relative Other		
My contact with Malone is	Agent	Recruiter	
Division applied for	Van	Flatbed	Container Reefer Lease Purchase
EMERGENCY CONTACT	Name	Address	City, State Phone
Relationship			

IX. CHECKLIST

Below is a checklist of what you must bring to qualify with CRST:

Operator Paperwork	Long Form Physical (6 months must be remaining) Social Security Card	CDL License Any Road & Written Test Cards
Tractor Paperwork	<i>Purchasing Plate Through CRST</i>	<i>Running Your Own Plate</i>
	Copy of Title Copy of 2290 Stamped	Copy of Registration
	<i>Truck Purchased within last 60 days</i>	
	Bill of Sale Copy of Registration	Signed Over Title (front & back) or App For Title
Trailer Paperwork	<i>Purchasing Plate Through CRST</i>	<i>Running Your Own Plate</i>
	Copy of Title	Copy of Registration

X. PHYSICAL QUALIFICATIONS

FEDERAL MOTOR CARRIER SAFETY REGULATIONS SECTION 391.41 provides that a person shall not drive a motor vehicle unless that person is physically qualified to do so. It is an essential function of the over-the-road driver to satisfy the DOT qualifications. Please answer **YES** or **NO** to the following questions as they apply to you.

		YES	NO
1	Do you have a loss of a foot, leg, hand, or arm?		
	If you answered YES to Question 1 above, do you have a DOT waiver pursuant to Section 391.49?		
2	Do you have impairment of:		
	A. a hand or finger, which interferes with prehension or power grasping?		
	B. an arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect which interferes with the ability to perform normal tasks associated with operating a motor vehicle?		
3	Do you have an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control?		
4	Do you have a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or do you have any other cardiovascular disease of variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure?		
5	Do you have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with your ability to drive a motor vehicle safely?		
6	Do you have a current clinical diagnosis of high blood pressure likely to interfere with your ability to control and operate a motor vehicle safely?		
7	Do you have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease, which interferes with your ability to control and operate a motor vehicle safely?		
8	Do you have an established medical history or clinical diagnosis of epilepsy or any other condition, which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle?		
9	Do you have any mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with your ability to drive a motor vehicle safely?		
10	Do you have a current clinical diagnosis of alcoholism?		
11	Do you use a Schedule 1 drug, an amphetamine, narcotic, or any other habit-forming drug, except for those prescribed by a licensed medical practitioner, who is familiar with your medical history and assigned duties and who has advised you that the prescribed substance or drug will not adversely affect your ability to operate a motor vehicle safely?		
If answer to ANY of the above is YES, please provide details			
12	Do you have a distant acuity of at least 20/40 (Snellen) in each eye with corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen)		
13	Do you have a field of vision of at least 70 degrees with horizontal meridian in each eye?		
14	Do you have the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber?		
15	Can you perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid?		
If answer to questions 12 – 15 is NO, please provide details			

XI. AGREEMENT

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentations of any information by lesser shall be considered an act of dishonesty and may be subject lesser to immediate termination of the Lease Agreement.

It is agreed and understood that the company or his/her agents may investigate the lessor's background to ascertain any and all information of concern to lesser's record, including all information on my Alcohol & Controlled Substance Testing/Training Records, whether same is of record or not, and lesser releases former and/or current employers/lessors named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior employers/lessors will be contacted for purposes of investigation as required by the motor carrier safety regulations. This information will be obtained as required by the U.S. Department of Transportation regulations 391.23, 40.25, 40.321(b), and Subpart B of Part 382

It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, I have been told that this investigation may include a Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my lease file.

(MA) – "An applicant with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant with a sealed record on file with the commissioners of probation may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution."

(PA) – I authorize the company to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is agreed and understood that this application for lease in no way obligates the company to lease me; and it is understood that if leased, the lease may be cancelled upon 30 day notice to the lessor without recourse.

It is agreed that the lesser, by presenting the application for a lease agreement represents that the statements given by the lesser, to the information requested in the application are true, correct, and complete, and that any false, misleading, or incomplete statement of the information requested in this application shall be sufficient grounds for immediate termination of the lease agreement.

It is agreed and understood that as a condition of the lease agreement, all drivers may be subject to drug/alcohol testing at the request of the company.

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.

Date

X

Applicant Signature