



Employment Application for Drivers

NAME: _____
(First) (Middle) (Maiden, if any) (Last)

ADDRESS: _____ HOW LONG? _____
(House Address/Apt. #) (City) (State/Zip Code)

HOME NUMBER: _____ CELL NUMBER: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ EMAIL ADDRESS: _____

PREVIOUS ADDRESSES FOR LAST 3 YEARS IF NOT AT ABOVE ADDRESS:

(House Address/Apt. #) (City) (State/Zip Code) (How long?)

(House Address/Apt. #) (City) (State/Zip Code) (How long?)

Do you have the legal right to work in the United States? (Circle one) YES NO

Do you have a valid driver's license? (Circle one) YES NO

In addition, any driver employed by Summit Lawn and Landscape with a Missouri driver's license is required to have a Class E license. Do you have a Class E license? (Circle one) YES NO

If no, will you be able to obtain a Class E Missouri driver's license prior to employment? (Circle one) YES NO

If no, please explain _____

DRIVER'S LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE _____ LICENSE NUMBER _____

EXPIRATION DATE _____ DATE OF BIRTH _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

SCHOOL	NAME AND LOCATION	GRADE COMPLETED OR DEGREE EARNED
HIGH SCHOOL		
COLLEGE/UNIVERSITY		
OTHER		

OTHER INFORMATION

ARE YOU ABLE TO LIFT AND CARRY A MINIMUM OF 50 LBS.? (CIRCLE ONE) YES NO

CHECK TYPES OF EQUIPMENT OR VEHICLES YOU KNOW HOW TO OPERATE:

_____ COMMERCIAL LAWN MOWER _____ DUMP TRUCK WITH TRAILER
 _____ PRUNING EQUIPMENT _____ SKID-STEER LOADER

CHECK IF YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING:

_____ INSTALLATION and/or CARE OF TREES AND PLANTS _____ SPRINKLER SYSTEMS
 _____ PATIO and/or RETAINING WALL INSTALLATION _____ LAWN FERTILIZATION

OTHER LANDSCAPE TRAINING, SKILLS OR CERTIFICATIONS:

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

You must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER:

NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____

FROM ___/___/___ TO ___/___/___ SALARY _____ SUPERVISOR'S NAME _____

JOB DUTIES _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? (Circle one) Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? (Circle one) Yes No

NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____

FROM ___/___/___ TO ___/___/___ SALARY _____ SUPERVISOR'S NAME _____

JOB DUTIES: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? (Circle one) Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? (Circle one) Yes No

NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____

FROM ___/___/___ TO ___/___/___ SALARY _____ SUPERVISOR'S NAME _____

JOB DUTIES: _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? (Circle one) Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? (Circle one) Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial 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 rules and regulations of the Company. "I understand that 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 information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and 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."

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: _____

DATE: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.