

<u>Driver Application for Employment</u> *P.R. Trucking Enterprises, Inc.*

331 S. Lipan St Denver, CO 80223

ANSWER ALL **QUESTIONS**

PLEASE PRINT

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, non-job related disability, or any other protected group status.

BASIC INFORMATION							
Date of Application:/ Position(s) applied for:							
	Name:						
(Last Name) (First Name) (MI) Home Phone: () Mobile Phone: ()							
RESIDENCY							
List your addresses of residency for last three years:							
STREET	CITY	STATE ZIP HOW LONG? (YEAR/MONT	ГН)				
STREET	CITY	STATE ZIP HOW LONG? (YEAR/MONT	ГН)				
STREET	CITY	STATE ZIP HOW LONG? (YEAR/MONT	ГН)				
STREET	CITY	STATE ZIP HOW LONG? (YEAR/MONT					
Do you have the legal right to work in the United States? Yes No Date of Birth:/							
		Have you worked for this company before? \square Yes \square No					
Where? Dates:// Rate of pay: \$							
Position: Reason for leaving:							
Who referred you? Rate of pay expected:							
Have you ever been convicted of a felony? ☐ Yes ☐ No Explain if yes:							
Is there any reason you might be unable to perform the functions of the job for which you have applied or prohibit you							
from certain interactions? $\Box Y$	es □No Explai	in if you wish:					
Have you ever tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past 2 years? \Box Yes \Box No							
If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? \square Yes \square No							
EXPERIENCE & QUALIFICATIONS							
List all driver's licenses or permits you currently hold:							
State License No.	Class	Endorsement(s) Expiration Da	ate				

Include your accident record for the past 3 years. If there are no accidents to record, write "None." If you need more space, attached a separate sheet of paper.										
I	Date Location			Type of Accident (Head-On, Rear-End, Upset, Etc.)		Injuries (Yes w/# or No)	Fatalities (Yes w/# or No)			
				(Head-On, Rei	ir-Eliu, Opset, Etc.)		(165 W/ II OI 110)	(103 W/ # 01 110)		
EMPLOYMENT HISTORY										
Re	cord vo	ur employment histo	ory for th	e last 10 vears	including any ga	ns in em	nlovment Add and	other sheet if needed.		
	cord yo		•	formation	, merading any ga	ps III CII.	-			
#	Busine		oloyer III			Date(s) Start: End:				
	Addre						on	Elia:		
1	City:	55.		State:	Zip:	Position:				
1		Contact:		Main Phone:	•	Rate of Pay: Reason for leaving:				
			ıg/Algob			<u> </u>				
	Were you in a random Drug/Alcohol Program? ☐ Yes ☐ No			168 - 110	Did the position require a CDL? ☐ Yes ☐ No Start: End:					
	Business: Address:					Position:				
2				Zip:	Rate of Pay:					
2	Main Contact: Main Phone:			_	Reason for leaving:					
			ıg/Alcoh			Did the position require a CDL? Yes No				
	Were you in a random Drug/Alcohol Program? ☐ Yes ☐ No Business:				105 = 110	Start: End:				
	Addre					Positi	on:			
3	City:			State:	Zip:		Rate of Pay:			
J	Main Contact: Main Phone:			^	Reason for leaving:					
	Were you in a random Drug/Alcohol Program? ☐ Yes ☐ No					Did the position require a CDL? ☐ Yes ☐ No				
	Business:			Start:		End:				
	Address:			Position:						
4	City: State:		Zip:	Rate	of Pay:					
	Main (Contact:		Main Phone:		Reaso	on for leaving:			
	Were you in a random Drug/Alcohol Program? ☐ Yes ☐ No			Did the position require a CDL? ☐ Yes ☐ No						
	Business:				Start:		End:			
5	Address:					Position:				
	City:			State:	Zip:	Rate	of Pay:			
	Main (Contact:		Main Phone:		Reaso	on for leaving:			
	Were you in a random Drug/Alcohol Program? ☐ Yes ☐ No			Yes □ No	Did the position require a CDL? ☐ Yes ☐ No					
6	Business:				Start:		End:			
	Address:					Position:				
	City:		State: Zip:		Zip:	Rate of Pay:				
	Main (Contact:	Main Phone:			Reason for leaving:				
	Were	you in a random Dru	ıg/Alcoh	ol Program?	Yes □ No	Did the position require a CDL? ☐ Yes ☐ No				

TRAFFIC CONVICTIONS & FORTEITURES

Record any traffic convictions, forfeitures, or violations in the last 3 years (other than parking). If there are none, write none.

#	Date:	Location	Charge		Penalty			
1			\$					
2			\$					
3			\$					
Hav	ve you ever been	denied a license, permit or privilege	to operate a motor vehic	cle? □ Yes □ No				
Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No If yes, explain:								
	DRIVING EXPERIENCE							
Rec	ord any driving	experience which you have obtained.	If you have no experier	nce in one area, leav	e the section blank.			
C :	lass of Equipme	ent Type of Equipment	Location From:	Location To:	Approx. Total # of Miles			
	Straight Truck							
,	Tractor & Semi Trailer	-						
ſ	Tractor & Doub	le						
	Trailer							
M	Iotorcoach/Scho Bus	ool						
	Other:							
List states operated in last 5 years:								
List any safe driving awards:								
List any special training:								
Any other transportation/special training:								
EDUCATION EDUCATION								
					Graduate: Yes No			
To be read & signed by applicant								
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. I authorize you to make such investigations and inquiries of 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. Date:// Applicant's Signature:								
FOR COMPANY USE								
Applicant: Hired Rejected Other: Department: Classification: Classification:								
	Interviewing Agent: Name: Signature:							
Employment: Termination:								
Dat	e:	Point:	Date:		•			