

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR & SEMI-TRAILER _____	_____	_____	_____	_____
TRACTOR - TWO TRAILERS _____	_____	_____	_____	_____
MOTORCOACH- SCHOOL BUS _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU 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)

TO BE READ AND 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 inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires and releasing information in connection with my application.

I understand I will be required to successfully pass a pre-employment drug screening examination. I also understand that I will be entered into the Town of Jackson's Drug Free Workplace drug and alcohol testing program including pre-employment, post incident, and reasonable suspicion testing. I hereby consent to this pre-employment test and to any testing required for participation in this program. If my application is for a position that requires a Commercial Driver's License (CDL), I further understand that I will also be entered into the federally mandated drug and alcohol testing program that includes pre-employment, post incident, reasonable suspicion and random drug and alcohol testing. I hereby consent to this pre-employment test and to any testing required for participation in this program.

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