

# DRIVER'S APPLICATION FOR EMPLOYMENT

VEGA Transport LLC.

315 Lemay Ferry Road, Suite 129

Saint Louis

Missouri

63125

(answer all questions- please print)

In accordance 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, or non-job related disability.

Position(s) Applied for

Last Name

First Name

MI

Social Security Number

List your addresses of residency for the past 3 years.

**Current Address**

Street

City

State

Zip

Phone

How Long?

**Previous Address**

Street

City

State

Zip

Phone

How Long?

Street

City

State

Zip

Phone

How Long?

Street

City

State

Zip

Phone

How Long?

Do you have the legal right to work in the United States?

Date of Birth:

Can you provide proof of age?

**YES**

**NO**

Have you worked for this company before? **YES** **NO**

Where?

Dates: **From:** **To:**

Salary:

Position:

Reason for leaving

Are you now employed?

If not, how long since leaving last employment?

Who referred you?

Rate of pay expected

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If Yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE	
NAME				FROM MO    YR	TO MO    YR
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER		REASON FOR LEAVING
Subject to FMCSR's while employed?	YES	NO	Was this job designated as safety-sensitive in any DOT regulated mode subject to alcohol & controlled substances testing?	YES	NO

EMPLOYER				DATE	
NAME				FROM MO    YR	TO MO    YR
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER		REASON FOR LEAVING
Subject to FMCSR's while employed?	YES	NO	Was this job designated as safety-sensitive in any DOT regulated mode subject to alcohol & controlled substances testing?	YES	NO

EMPLOYER				DATE	
NAME				FROM MO    YR	TO MO    YR
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER		REASON FOR LEAVING
Subject to FMCSR's while employed?	YES	NO	Was this job designated as safety-sensitive in any DOT regulated mode subject to alcohol & controlled substances testing?	YES	NO

EMPLOYER				DATE	
NAME				FROM MO    YR	TO MO    YR
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER		REASON FOR LEAVING
Subject to FMCSR's while employed?	YES	NO	Was this job designated as safety-sensitive in any DOT regulated mode subject to alcohol & controlled substances testing?	YES	NO

### ACCIDENT HISTORY

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (head-On, Rear-End, etc.)		INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	

ATTACH SHEET IF MORE SPACE IS NEEDED

### 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:

### EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	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 been suspended or revoked?      **Yes**      **No**

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE** IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES	APPROX. # MILES
		FROM	TOTAL
STRAIGHT TRUCK			
TRACTOR/ SEMI-TRAILER			
TRACTOR/ TWO TRAILERS			
MOTORCOACH/SCHOOL BUS			
OTHER			

LIST ALL STATES WHERE YOU HELPD A CDL LICENSE OR CDL PERMIT IN THE PAST THREE 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 DRIVING EXPERIENCE THAT MAY HELP IN YOUR 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 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 inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. This includes contacting previous employers for the purpose of investigating my safety performance history as required in 391.23. I realize I have the following rights: The right to review information provided by my previous employers. The right to have errors in the information corrected by the previous employers. The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information. (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
------	-----------------------

### PROCESS RECORD

APPLICANT HIRED	REJECTED
DATE EMPLOYED	POINT EMPLOYED
DEPARTMENT	CLASSIFICATION

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	WRITTEN RECORD ON FILE
1. APPLICATION					
2. INTERVIEW					
3. PAST EMPLOYMENT					
4. WRITTEN EXAM					
5. ROAD TEST					
6. CRIMINAL AND					
7. TRAFFIC CONVICTIONS					

SIGNATURE OF INTERVIEWING OFFICER

### TRANSFERS

FROM:	TO:	FROM:	TO:
DATE:	DATE:	DATE:	DATE:
REASON FOR TRANSFER:	REASON FOR TRANSFER:	REASON FOR TRANSFER:	REASON FOR TRANSFER:

FROM:	TO:	FROM:	TO:
DATE:	DATE:	DATE:	DATE:
REASON FOR TRANSFER:	REASON FOR TRANSFER:	REASON FOR TRANSFER:	REASON FOR TRANSFER:

### TERMINATION

DATE TERMINATED:	DEPARTMENT RELEASED FROM:	
DISMISSED:	VOLUNTARILY QUIT	OTHER:

TERMINATION REPORT PLACED IN FILE

SUPERVISOR: