

Please PRINT CLEARLY  
DRIVER

APPLICATION FOR EMPLOYMENT

**Simpson Trucking & Grading, Inc.**  
**1364 Candler Road**  
**Gainesville, Ga. 30507**  
**770-536-4731**

(Answer all questions- Please print clearly)

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, or non-job related disability.

Date of Application: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle

List your addresses (starting with the most current) for the past 3 years:

Current address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ How long? \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Addresses

Street _____	City _____	Zip code _____	How Long? _____
Street _____	City _____	Zip Code _____	How Long? _____
Street _____	City _____	Zip Code _____	How Long? _____

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

# Employment History

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

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER	DATE
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary/Wage:
FAX # Contact Person: Phone Number:	Reason for leaving

EMPLOYER	DATE
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary/Wage:
FAX # Contact Person: Phone Number:	Reason for leaving

EMPLOYER	DATE
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary/Wage:
FAX # Contact Person: Phone Number:	Reason for leaving

\*- Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**DRIVING RECORD FOR THE PAST 3 YEARS OR MORE(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.**

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	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	PENALTY

(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) (CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVERS 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 ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

(If the answer is to either A or B is yes, attach a statement giving details)

DRIVER EXPERIENCE (If none, write none)

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

List states operated in for the 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 your work for this company:

List courses and training other than shown elsewhere in this application:

List any special equipment or technical materials you can work with (Other than those already shown)

Is there any reason you may be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish

### 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, 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 / EVALUATION

APPLICANT HIRED: \_\_\_\_\_

REJECTED: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_

POINT EMPLOYED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

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

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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						



# Previous Employment Verification

PLEASE RETURN COMPLETED FORM TO FAX #: 770-503-0289

From: \_\_\_\_\_  
**Simpson Trucking & Grading**  
1364 Candler Road  
Gainesville, GA 30507  
Phone: 770-536-4731

To: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

The person identified below is seeking employment with our company and has listed your company as a previous employer. Please note that the applicant has signed a waiver statement below and has waived any claim of liability against your company for information submitted in response to this inquiry. **Thank you for your cooperation.**

**Applicant:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

1. This applicant lists dates of employment from: \_\_\_\_\_ to \_\_\_\_\_ Is this correct?  
**Yes or No.** If **no**, please state correct employment date(s): \_\_\_\_\_
2. What type of work did he/she do? \_\_\_\_\_  
If he/she drove a motor vehicle for your company, please list vehicle type: \_\_\_\_\_  
Accident info: #Reportable: \_\_\_\_\_ #Ticketed \_\_\_\_\_ #At Fault \_\_\_\_\_ Dates \_\_\_\_\_  
Injury? \_\_\_\_\_ Fatalities? \_\_\_\_\_ Preventable? \_\_\_\_\_

☐ **This applicant will be operating a vehicle weighing more than 26,000 lbs and is subject to the alcohol and controlled substances testing provisions of the Federal Motor Safety Regulations of 49 CFR Part 382.**

**Pursuant to 49 CFR 382.416, we must request the results of this individual while in your service.**

**FEDERAL REGULATIONS REQUIRE THAT WE RECEIVE YOUR REPLY WITHIN 14 DAYS.**

Has he/she tested positive for a controlled substance? **YES** \_\_\_ **NO** \_\_\_ Date: \_\_\_\_\_  
Has he/she tested positive for alcohol greater than 0.04 BAC? **YES** \_\_\_ **NO** \_\_\_ Date: \_\_\_\_\_  
Has he/she ever refused to be tested as required by DOT regulation? **YES** \_\_\_ **NO** \_\_\_ Date: \_\_\_\_\_  
Have you received information from a previous employer that he/she violated a DOT drug and alcohol regulations? **YES** \_\_\_ **NO** \_\_\_ *\*If yes, you must provide the previous employer's report.*  
If you answered "yes" to any of the above items, did the employee complete the return to duty process? \_\_\_\_\_

3. Did the applicant pose either repeated and/or severe disciplinary problems?  
**Yes or No.** If **yes**, please explain \_\_\_\_\_
4. Was this applicant drug tested randomly while working for you? **Yes or No** \_\_\_\_\_
5. Was this applicant ever injured on the job? **Yes or No** If **yes**, please explain \_\_\_\_\_
6. Why did this employee leave your company? Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Other: \_\_\_\_\_
7. Would you re-employ this person? **Yes or No** If **no**, please explain \_\_\_\_\_

Remarks: \_\_\_\_\_

**Name and Title of Person Supplying Information:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **WAIVER:** Former Employer \_\_\_\_\_

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, any work related injuries, and controlled substance testing results to Simpson Trucking & Grading, Inc. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to Simpson Trucking & Grading, Inc.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





## MOTOR VEHICLE RECORDS AUTHORIZATION

I, \_\_\_\_\_, as the operator or potential operator of a company vehicle, owned by \*\* ("Company"), agree to drive carefully at all times, to obey traffic laws and to observe all legal speed limits.

I understand the permission to use a Company vehicle is revoked at any time by the consumption of alcoholic beverages, regardless of whether under the influence of alcohol or not, and regardless of whether the use of the vehicle is for business or personal purposes.

Any unauthorized use of any vehicle may cause immediate termination.

I understand that this vehicle is only to be driven by an employee of the Company and at no times are hitchhikers to be allowed to ride.

Company has the continuing right and authority to check my motor vehicle records on file with the State or other resource, including, without limitation, driving record, financial responsibility information and prior driving information, either directly or through Turner, Wood & Smith Agency, Inc. ("Agent") or Company's insurance carrier ("Carrier") and each of Agent and Carrier may deliver any such records to Company. My employment will always be contingent upon an acceptable motor vehicle record.

We at Simpson Trucking and Grading, INC. will not hold any liability toward Turner, Wood & Smith on any MVR records that we may receive.

Date

Employee's Signature

Employee's Full Name Exactly As Shown on Driver's License

Driver's License Number

Expiration Date

Class

Date of Birth

State

Employer's Representative

Simpson Trucking and Grading Inc

