

**DRIVER'S  
APPLICATION FOR EMPLOYMENT**

**MOORES PORTABLE SOLUTIONS  
15442 MERRY CAT LANE  
P.O. BOX 262  
BELLE HAVEN, VA 23306**

(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, non-job related disability.

Date of application \_\_\_\_\_

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

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

Current Address \_\_\_\_\_  
Street City  
Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code

Previous Address \_\_\_\_\_  
Street City  
Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code

\_\_\_\_\_ Street City  
Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code

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

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

(Required for Commercial Drivers)

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

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

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If no, 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.

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
Contact Person	Phone Number		Reason for leaving

Employer		Date	
Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for leaving

Employer		Date	
Name		From	To
Address		Position Held	
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Employer		Date	
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Employer		Date	
Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
Contact Person	Phone Number		Reason for leaving

Employer		Date	
Name		From	To
Address		Position Held	
City	State	Zip	Salary/Wage
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.

Accident record for past 3 years or more (attached sheet if more space is needed)			
Dates	Nature of accident ( head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

Traffic conviction and forfeitures for the past 3 years (other than parking violations)

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

#### 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 ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If the answer to either A or B is Yes, attach statement giving details

#### Driving Experience

Class of Equipment	Type of Equipment (van,tank,flat,etc)	Date From	Date To	Approx. No of Miles (Total)
Straight Truck				
Tractor & Semi Trailer				
Tractor-Two Trailers				
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 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 those already shown) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

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. (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 regulation of the company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature