



Employment Application

Davis Transportation Services, LLC

An Equal Opportunity Employer

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard of race, color, religion, sex, national origin, age, marital status, veteran status, non job related disability, or any other protected group status. This application must be completed in full. Please print and answer every question.

TO BE READ AND SIGNED BY APPLICANT

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 regulations of the Company.

*I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Hire Date: _____

PERSONAL DATA

NAME _____
 (_____) Last (_____) First _____ Middle _____
 (_____) Phone Number (_____) Cell Phone Number _____ Email _____
 _____ Social Security Number _____ Date of Birth _____

ADDRESS _____
 Street City State Zip _____ Number of Years _____

PAST 3 YEAR RESIDENCY _____
 Street City State Zip _____ Number of Years _____

Street City State Zip _____ Number of Years _____

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date _____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, give details _____

GENERAL INFORMATION

Your answers to the following questions will assist us with our marketing efforts. Your answers are optional.

1.) How did you hear about DTS _____

2.) Have you ever worked with DTS, Davis Companies, or another similar staffing agency? _____

3.) If so, which company? _____ When? _____ How Long? _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Circle all that apply)	Dates		Approximate Number of Miles
		From	To	
Straight-Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor - Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor - Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach - School Bus (Greater than 8 passengers)	N/A	_____	_____	_____
Motorcoach - School Bus (Greater than 15 passengers)	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat	_____	_____	_____

ACCIDENT HISTORY (3 years)

Date (month/year)	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spill?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS AND FORFEITURES (3 years)

If no accidents within the last three years—check here

Date Convicted (month/year)	Violation (Other than violations involving parking only)	State of Violation	Penalty (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, STATE)

EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers for the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle during the seven years prior to the initial three years (total of ten-year employment record). **Please explain any gaps in employment greater than one month (30 days).**

You are required to list the complete mailing address: street number and name, city, state, and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ ZIP _____

Position Held _____ From (month/year) _____ To (month/year) _____

Reason(s) for Leaving _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ ZIP _____

Position Held _____ From (month/year) _____ To (month/year) _____

Reason(s) for Leaving _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____) _____

Street Address _____ City _____ State _____ ZIP _____

Position Held _____ From (month/year) _____ To (month/year) _____

Reason(s) for Leaving _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

OTHER EXPERIENCE AND QUALIFICATIONS

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: _____

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MEY 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:

REFERENCES

List two past supervisors and one person not related to you who have knowledge of your qualifications for the position for which you are applying.

<u>Name</u>	<u>Title/Relationship</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
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CERTIFICATION STATEMENTS

PLEASE READ CAREFULLY BEFORE SIGNING

If you have any questions regarding these statements, please ask before signing.

1. If employed by Davis Transportation Services, LLC (DTS) it is my responsibility to inform DTS of any problem I may encounter while on an assignment.
2. I authorize DTS to contact my former employers and to check and verify all information on this application and its attachments. I fully release DTS and my former employers from any liability resulting from this verification process.
3. Any information provided on this application may be made available to prospective clients to the extent that it is released to an assignment for which I am being considered; and to Federal, state or local government agencies, insurance company, or other appropriate agencies or third parties as required.
4. DTS reserves the right to require me to submit to a drug/alcohol test prior to employment and any time during my employment, to the extent permitted by law.
5. I understand that I am not to operate and/or drive any motorized equipment and/ or vehicle while assignment for DTS unless I have been trained and/ if required certified. A copy of all certifications must be presented to DTS.
6. I agree that while on assignment through DTS, I will not transfer my employment at that assignment to another staffing agency without written permission from DTS.
7. I am required to contact DTS on the next business day after completion of any assignment for the purpose of requesting a new assignment. If I do not do so I will have voluntarily terminated my employment at DTS and may not be eligible for unemployment benefits.
8. I understand that if offered an assignment through the DTS I will be an employee-at-will and I understand that no contract has been created. I understand that DTS may terminate my employment at any time for any reason not prohibited by law.
9. I understand that any false information, omission, or misrepresentation of fact called for in this application may result in the rejection of my application or discharge at any time during my employment.
10. I understand that I am required to abide by all the rules and regulations of the employer, which rules and regulations may be changed without notice, at the discretion of DTS.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I further acknowledge that I have read the above statements and I understand it.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

This Application has been thoroughly reviewed by:

Recruiter Name: _____ Date Reviewed: _____

Entered into Database for placement: _____ Yes _____ No