

# Zanesville Welfare Organization And Goodwill Industries, Inc.

## Truck Driver Application for Employment

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date of Application MM/DD/YY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

List current address and all addresses at which you have resided during the past 3 years:

Current  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Truck Driving Position Applying for: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you worked for Goodwill before? \_\_\_\_\_ What Position? \_\_\_\_\_

If Yes, please provide the dates of previous employment: From \_\_\_\_\_ to \_\_\_\_\_

### Education

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? YES NO

College/Trade School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? YES NO

Driving School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ if yes, please explain. \_\_\_\_\_

Have you ever been convicted of/or have a pending DWI/DUI? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

## Employment Record

Please start with the most recent employer.

In accordance with FMCSA 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a total of 10 years. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

.....

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

## Driver's License Information

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

State	License Number	Type	Endorsements	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to any of the above, please give details. \_\_\_\_\_

List each type of commercial motor vehicle you have operated and for how long.

Class of Equipment	Types of Equip. (Van, Flatbed, Tanker, etc)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor 2- Trailers				
Other				

Accident Record for past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident/incident and whether any personal injuries or fatalities were involved.

Dates of Accident and Type of Vehicle	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Location of Accident	# of Fatalities	# of Injuries

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

Location	Date	Charge	Penalty

## To Be Read and Signed by Applicant: Driver's Rights under FMCSA 391.23

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years—via the application form or other written document prior to any hiring decision—that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

- (i) The right to review information provided by previous employers;
- (II) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement. Code of Federal Regulations 351

(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at [§ 386.12](#).

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against—

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

(m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with [§ 391.43](#), and any medical variance on which the certification is based, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

(2) Exception. For drivers required to have a commercial driver's license under **part 383** of this chapter:

(i) Beginning January 30, 2012, using the Commercial Drivers License Information Service "CDLIS" motor vehicle record obtained from the current licensing State, the motor carrier must verify and document in the driver qualification file the following information before allowing the driver to operate a CMV:

(A) The type of operation the driver self-certified that he or she will perform in accordance with §§ 383.71(a)(1)(ii) and 383.71(g) of this chapter, and

(B) Exception. If the driver provided the motor carrier with a copy of the current medical examiner's certificate that was submitted to the State in accordance with § 383.73(a)(5) of this chapter, the motor carrier may use a copy of that medical examiner's certificate as proof of the driver's medical certification for up to 15 days after the date it was issued.

(ii) Until January 30, 2014, if a driver operating in non-excepted, interstate commerce has no medical certification status information on the CDLIS MVR obtained from the current State driver licensing agency, the employing motor carrier may accept a medical examiner's certificate issued to that driver prior to January 30, 2012, and place a copy of it in the driver qualification file before allowing the driver to operate a CMV in interstate commerce.

\_\_\_\_\_  
Applicant's Signature)

\_\_\_\_\_  
(Date)