

EMPLOYMENT HISTORY (within the last 3 years, 10 for experienced Drivers)

Have you ever been terminated from a job? Yes No When? _____

Are you currently unemployed? Yes No When did unemployment begin? _____

Current Employer (or most recent employer)

Job Title:		Duties:	
Employer Name:			
Address:			
City/ State:		Type of Business:	Supervisor Name:
Phone:		Hire Date:	Last Day Worked: Pay Rate:\$ _____
Full-Time	Part-Time	Hours/week:	Number of employees you supervised in position:
Your name if different from present:		Reason for leaving:	

Second Last Employer

Job Title:		Duties:	
Employer Name:			
Address:			
City/ State:		Type of Business:	Supervisor Name:
Phone:		Hire Date:	Last Day Worked: Pay Rate:\$ _____
Full-Time	Part-Time	Hours/week:	Number of employees you supervised in position:
Your name if different from present:		Reason for leaving:	

Third Last Employer

Job Title:		Duties:	
Employer Name:			
Address:			
City/ State:		Type of Business:	Supervisor Name:
Phone:		Hire Date:	Last Day Worked: Pay Rate:\$ _____
Full-Time	Part-Time	Hours/week:	Number of employees you supervised in position:
Your name if different from present:		Reason for leaving:	

DRIVER LICENSES (List all Driver License held within the last 10 years)

State	License No	Expiration Date	Commercial License?		Endorsements / Restrictions
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one Driver License."

I certify that I do not have more than one Driver License, the information which is listed below:

State	License No.	Expiration Date	Type	Signature	Date

DRIVING AND SPECIALIZED EQUIPMENT USED

<input type="checkbox"/> Tow Motor	<input type="checkbox"/> Forklift	<input type="checkbox"/> Van	<input type="checkbox"/> Truck < 10,001	<input type="checkbox"/> Truck <26,001	<input type="checkbox"/> Truck >26,001
<input type="checkbox"/> PC	<input type="checkbox"/> Copier	Date: _____	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Fax Machine	Miles Per Year: _____		Miles Per Year: _____	Miles Per Year: _____
<input type="checkbox"/> Office Phone	<input type="checkbox"/> Manual Shift Vehicle				

POSITION SPECIFICS DESIRED

Check which shift you will accept: Day Evening Night Rotating Weekends Special Hours

Job Status desired: F/T P/T Hourly Salary No Benefits Benefits

Are you willing to Travel? Yes No If yes, During day only?

TRAFFIC CONVICTIONS

List all traffic convictions/forfeitures within the last 7 years (in any motor vehicle, other than parking violations).

Date	Location (City,State)	Violation (if speeding, how MPH)	Penalty/Amount of Fine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT RECORD

List all vehicle accidents in which you were involved within the last 7 years (even if not at fault)

Date	Location (City,State)	Commercial Vehicle	Type of Accident	Were you at fault?	Were you ticketed?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOTOR VEHICLE RECORD

- Has any license, permit, or privilege ever been suspended or revoked for any reason? Yes No
 - Have you ever been convicted of driving while license suspended or revoked or driving without valid license? Yes No
 - Have you ever been convicted for any alcohol or controlled substance related offense while operating a motor vehicle? Yes No
 - Have you ever been convicted for possession, sale, or transfer of a narcotic drug, marijuana amphetamines, or derivatives thereof? Yes No
 - Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle? Yes No
- If you answered "yes" or have charges pending to any of the above, please explain: _____

RECORD OF CONVICTION AND DEFERRED PROSECUTIONS

List all incidents for the past 10 years. A conviction will not necessarily be a bar to employment.

This information will only be used for job-related purposes and only to the extent permitted by applicable law. List all crimes for which you have ever pled "guilty" to, been convicted of, or had prosecution deferred in connection with, or pled "no contest" **If none to all of the above, write NONE in the space below.** If any of all of the above apply, list the month and year, city, state, county, and country, whether a misdemeanor or felony, and the sentence.

M= Misdemeanor F= Felony

YEAR	OFFENSE	BRIEFLY EXPLAIN CIRCUMSTANCES		
			M	F
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

OTHER ACHIEVEMENTS AND SKILLS

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

REFERENCES (list 3 person not related to you who know of your qualifications)

NAME	ADDRESS	PHONE	RELATIONSHIP

POLICY STATEMENTS AND UNDERSTANDING (Please read policies, initial boxes and sign below)

Initials	Policy Statement
<input type="checkbox"/>	Age Requirement: No applicant will be hired under the age of 21 for any driving function, per federal law.
<input type="checkbox"/>	Employment Classifications: Full-time: Employees hired working 40 hours or more per week (employees must average 40 hours for past 3 month quarter) Part-time: Employees whose schedule is less than 40 hours, consistently, for past 3 month quarter Temporary: Any employee scheduled to fill a temporary job assignment that has a predetermined beginning and ending date and is less than 6 months in length
<input type="checkbox"/>	Benefits eligibility: (benefits are outlined in interview, job offer and job documentation upon hire) Full-time employees may be eligible for standard company benefits based on job classifications after 90 days of continuous employment Part-time employees may be eligible for limited/ selected benefits based on job classifications after 90 days of continuous employment Temporary employees are never eligible for benefits with DIRECTLINK
<input type="checkbox"/>	Background checks and pre-employment screening: (Criminal, Drug, Reference, DMV/MVR, DOT) I understand and acknowledge that DIRECTLINK required a complete background check prior to consideration for hire; This check includes Criminal, Drug, References, DMV/ MVR and DOT as prescribed by Job Description for position applied for.
<input type="checkbox"/>	NO DRUG USE POLICY: DIRECTLINK does not hire persons who use illegal drugs. All persons seeking employment or employed with DIRECTLINK are required to take and PASS a drug screen for illegal drugs and may be subject to periodic tests for illegal drugs. If considered for employment, I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by DIRECTLINK and, further, consent to have specimen tested at a laboratory selected by DIRECTLINK. I hereby certify that I ____DO ____DO NOT use illegal drugs.
<input type="checkbox"/>	WHAT DIRECTLINK WILL EXPECT OF YOU: (as an applicant and potential employee, you deserve to know what we expect of you) * Arrive at work on time everyday, (unless there is an emergency), because others are counting on you. * Bring a good and positive attitude every day. * Come prepared to be as productive and efficient as possible, because in a competitive business only the best survive. * Be courteous and helpful at all times to your customers, both externally and internally * Consistently apply the training information and instructions you receive. * Learn from your mistakes and don't repeat those mistakes. * Understand that it always takes a superior effort to produce a superior result.

DIRECTLINK POSITION STATEMENT

In order for DIRECTLINK to continue to survive and prosper, there are some things which must happen on a consistent basis. This business must be made up of people who believe in DIRECTLINK and must understand the importance of their position. Every employee who makes up DIRECTLINK must work toward the goal of meeting the customers needs in a courteous, economical and efficient manner.

TO BE READ AND SIGNED BY APPLICANT

In consideration for my employment I understand that I am expected to comply with policies, regulations and procedures of DIRECTLINK. I understand that this employment application and any other DIRECTLINK documents are not promises of employment. I understand that I can terminate my employment with or without cause and DIRECTLINK has the same right. I understand that DIRECTLINK or any agent acting on my behalf may investigate my background and contact my previous employers, schools or persons named to obtain information which may assist in determining my qualifications for employment. Previous employers will be contacted for purposes of investigation as may be required by Federal Motor Carrier Safety Regulations. I further release DIRECTLINK and previous employers, schools, or persons named herein from all liability for any damages for furnishing such information. I acknowledge that I may be required to submit to a physical examination and controlled substance and alcohol use test, as part of DIRECTLINK'S evaluation procedures. I further authorize the release of my results to DIRECTLINK and DIRECTLINK'S use of those results in deciding whether I should be offered or continued in employment. As a prerequisite of my employment with DIRECTLINK, I understand I may be required to wear personal protective equipment required by DIRECTLINK policy, or any regulatory agency. This equipment includes, but is not limited to, protective footwear, vehicular driver restraints, gloves, eye protection, hearing protection and back support belts. I understand that safe work practices are a basic condition of employment. I agree to furnish additional information as required to process my application. I understand this application, when properly completed will remain active for 90 days from the date accepted. This application will not be considered for employment vacancies which occur beyond the 90-day period unless renewed in person by the applicant. Such renewals will be for a period or periods of like duration. Should I be given employment by DIRECTLINK, I understand that such employment may be terminated by DIRECTLINK at any time without liability to me for wages or salary except such as may have been earned at the date of termination. I understand that all employees are hired subject to a 90-day Introductory Period.

This certifies that this application was completed by me, and that all entries on it, are true and complete to the best of my knowledge. I understand if the information is found to be false or misleading in any respect, I will be disqualified from consideration for employment, or will be subject to termination, regardless of when it is discovered.

Applicant's Signature _____

Date _____