



**DRIVER EMPLOYMENT APPLICATION**

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

**Applicant Information**

<b>Position(s) applied for:</b>	<b>Date:</b>
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<b>Name</b>	<b>Social Security No:</b>
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<b>Phone No:</b>	<b>Alt. Phone No:</b>
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List all your addresses of residency for the past 3 years, with the most current first. If you need more room, please attach a separate sheet.

<b>Address:</b>	street	City
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state	Zip	<b>How long have you been at this address?:</b>
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<b>Address:</b>	street	City
-----------------	--------	------

state	Zip	<b>How long have you been at this address?:</b>
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<b>Address:</b>	street	City
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state	Zip	<b>How long have you been at this address?:</b>
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<b>Address:</b>	street	City
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state	Zip	<b>How long have you been at this address?:</b>
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<b>Address:</b>	street	City
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state	Zip	<b>How long have you been at this address?:</b>
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Do you have the legal right to work in the United States? \_\_\_\_\_

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

Have you ever worked for Amerigrow before? \_\_\_\_\_ If yes, When? \_\_\_\_\_

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

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

Are you currently employed? \_\_\_\_\_ If not, how long have you been unemployed? \_\_\_\_\_

Desired Pay: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

*Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.*

Is there any reason you may be unable to perform the functions of the job for which you are applying for? \_\_\_\_\_

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. 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: Please list employers starting with the most recent, if you need more room please attach a separate paper)

Employer		Date	
Name	From: Mo. ____ Yr: ____	To: Mo. ____ Yr: ____	
Address	Position Held		
City	Salary / Wage		
Contact Person	Phone Number	Reason For Leaving	
Were you subject to The Federal Motor Carrier Safety Regulations (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			

Employer		Date	
Name	From: Mo. ____ Yr: ____	To: Mo. ____ Yr: ____	
Address	Position Held		
City	Salary / Wage		
Contact Person	Phone Number	Reason For Leaving	
Were you subject to The Federal Motor Carrier Safety Regulations (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			

Employer		Date	
Name	From: Mo. ____ Yr: ____	To: Mo. ____ Yr: ____	
Address	Position Held		
City	Salary / Wage		
Contact Person	Phone Number	Reason For Leaving	
Were you subject to The Federal Motor Carrier Safety Regulations (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			

Employer		Date	
Name		From: Mo. _____ Yr: _____	To: Mo. _____ Yr: _____
Address		Position Held	
City		Salary / Wage	
Contact Person	Phone Number	Reason For Leaving	
Were you subject to The Federal Motor Carrier Safety Regulations (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			

Employer		Date	
Name		From: Mo. _____ Yr: _____	To: Mo. _____ Yr: _____
Address		Position Held	
City		Salary / Wage	
Contact Person	Phone Number	Reason For Leaving	
Were you subject to The Federal Motor Carrier Safety Regulations (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			

Employer		Date	
Name		From: Mo. _____ Yr: _____	To: Mo. _____ Yr: _____
Address		Position Held	
City		Salary / Wage	
Contact Person	Phone Number	Reason For Leaving	
Were you subject to The Federal Motor Carrier Safety Regulations (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			

\* Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Accident Record for the past 3 years or more (attach a separate sheet if more room is needed) If none, write N/A**

Dates		Description of Accident	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

**Traffic Convictions and forfeitures for the past 3 years (other than parking violations) If none, write N/A**

Location	Date	Charge	Penalty

**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 you answered yes to A or B, please explain: \_\_\_\_\_

\_\_\_\_\_

**Driving Experience: mark yes or no**

Class of Equipment	Circle Type of Equipment	Dates		Approx. No. of Miles (Total)
		From (Mo. / Yr.)	To (Mo. / Yr.)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Refer			
Tractor and Semi Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Refer			
Tractor - Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Refer			
Tractor - Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Refer			
Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No More than 8 passengers	N/A			
Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No More than 15 passengers	N/A			
Other: _____				

List state operated in for the last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving award do you hold and from whom? \_\_\_\_\_

Education						
High School:				Address:		
From:		To:		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
College:				Address:		
From:		To:		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
Other:				Address:		
From:		To:		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:

References			
Please list three professional references.			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			

Additional Information
Summarize special job - related skills and qualifications acquired from employment of other experiences.
Summarize special job - related skills and qualifications acquired from employment of other experiences.

Military Service				
Branch		From:		To:
Rank at Discharge:		Type of Discharge:		
If other than honorable, explain:				

### Disclaimer and Signature

I CERTIFY that my answers throughout this application area true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand that this application is not and is not intended to be any kind of contract or agreement. I authorize Amerigrow, to investigate any statement contained in this application

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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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.

Drug test are required for employment

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

Upon completion of your Employment Application, please fax it to our Delray Beach headquarters at the fax number: 561-499-5896 with attention to: Human Resources/ Online Request. Please allow at least 24 hours for processing before you call.

If you have any questions or concerns, please do not hesitate to contact one of our friendly and informative customer service representatives at the telephone number: 561-499-8148 or toll free: 1-800-860-8238.