

Commercial Motor Vehicle Driver Application for Employment



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, sexual orientation, genetic information, or non-job related disability.

Answer all questions. Please print or type.

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security #: _____ - _____ - _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ How Long?: _____

Please list your addresses of residency for the past 3 years.

Previous Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ How Long?: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ How Long?: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ How Long?: _____

Are you legally eligible to work in the U.S.? Yes No

Date of Birth: _____ Can you produce proof of age? Yes No (Required for commercial motor vehicle drivers)

Were you referred? Yes No If yes, by whom? _____

Is there any reason you might be unable to perform the duties of the job for which you have applied, as described in the job description, and if yes, explain if you wish: _____

Mid-States Packaging, Inc.

Please complete, sign and date, and Email to: applications@mspack.com

EMPLOYMENT HISTORY

Provide a complete record of all employment for the past 3 years, including any unemployment or self employment periods, and all commercial driving experience for the past 10 years. Please list employers starting with the most recent, and use the ADDITIONAL REMARKS section if more room is needed.

Have you worked for this company before? Yes No If yes, where and when? _____

| EMPLOYER | Dates Employed (month/year) | |
|-------------------------------------|-----------------------------|-------|
| | From | To |
| Company Name: _____ | _____ | _____ |
| Address: _____ | | |
| City: _____ State: _____ Zip: _____ | | |
| Contact: _____ Phone: _____ | | |
| Position held: _____ | | |
| Reason for Leaving: _____ | | |

| EMPLOYER | Dates Employed (month/year) | |
|-------------------------------------|-----------------------------|-------|
| | From | To |
| Company Name: _____ | _____ | _____ |
| Address: _____ | | |
| City: _____ State: _____ Zip: _____ | | |
| Contact: _____ Phone: _____ | | |
| Position held: _____ | | |
| Reason for Leaving: _____ | | |

| EMPLOYER | Dates Employed (month/year) | |
|-------------------------------------|-----------------------------|-------|
| | From | To |
| Company Name: _____ | _____ | _____ |
| Address: _____ | | |
| City: _____ State: _____ Zip: _____ | | |
| Contact: _____ Phone: _____ | | |
| Position held: _____ | | |
| Reason for Leaving: _____ | | |

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: _____

List any degree, special courses, classes, or training completed (PTD/DDC, HAZMAT, etc.): _____

DRIVING EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES:

State: _____ License #: _____ Type: _____ Expiration Date: _____

State: _____ License #: _____ Type: _____ Expiration Date: _____

State: _____ License #: _____ Type: _____ Expiration Date: _____

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

B. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

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

D. Have you ever been convicted of a felony? Yes No

If the answer to A, B, C, or D is yes, please explain details: _____

DRIVING EXPERIENCE:

| Class of Equipment: | Equipment Type (van, tank, flat, etc.) | Dates (month/year) | | Approximate # of Total Miles Driven |
|---|--|--------------------|-------|-------------------------------------|
| | | From | To | |
| <input type="checkbox"/> Straight Truck | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Tractor & Semi | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Tractor & 2 Trailers | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> No CDL Experience | | | | |

List states operated in for last 5 years: _____

List any safety driving awards you hold and from whom, or any other transportation experience: _____

DRIVING HISTORY

Please provide your driving history for the past 3 years, and use the ADDITIONAL REMARKS section if more room is needed.

Have you had any accidents or traffic convictions for the past 3 years (other than parking violations)? Yes No

If yes, please complete the information below.

ACCIDENTS (for the past 3 years)

| Accident Date | Nature of Accident (head on, rear end, etc.) | Location (city, state) | # of People Injured | # of Fatalities |
|---------------|--|------------------------|---------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

TRAFFIC CONVICTIONS AND FORFEITURES (for the past 3 years, other than parking violations)

| Conviction Date | Location (city, state) | Charge | Penalty |
|-----------------|------------------------|--------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

REFERENCES

Please provide references, other than family members, from persons having knowledge of your safety habits.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

ADDITIONAL REMARKS

Additional sheets attached? Yes No

TO BE READ AND SIGNED BY APPLICANT

I certify that this application was completed by me, and that all statements made by me on this application, or interview, including attached papers, are true, complete, and correct to the best of my knowledge.

It is also agreed and understood that under the Fair Credit Reporting Act, I have been told that this investigation may include an investigative Credit Report, including information regarding my work history, education, criminal record, financial history, medical history, and use of social media, and I give my permission to conduct this background report.

I hereby authorize any former or current employer, registry of motor vehicles, military records center, school, or health care provider to provide Mid-States Packaging, Inc. any and all information necessary to reach an employment decision including, but not limited to, information regarding my employment, job duties, attendance, personal character, behavior, general reputation, work habits, skills, abilities, claims, liabilities, damage, financial or medical history, and relationships with coworkers, customer, or supervisors, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history are made only if and after a conditional offer of employment has been extended). Furthermore, I release such employers, registry of motor vehicles, military records center, schools, health care providers, and other persons, from all liability for any damages in responding to inquiries and releasing information in connection with my application.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

I authorized Mid-States Packaging, Inc., to make investigations and inquiries of all statements made by me on this application, or interview, and I understand all such statements made by me in connection with this application are subject to investigation and verification, and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment, and I further understand that I am required to abide by all company rules and regulations. It is agreed and understood that this application, or interview, in no way obligates Mid-States Packaging, Inc., to employ or hire me.

Print Name: _____ Signature: _____ Date: _____

Mid-States Packaging, Inc.

Please complete, sign and date, and Email to: applications@mspack.com



THIS PAGE TO BE COMPLETED BY MID-STATES' PERSONNEL DEPARTMENT

Applicant hired? Yes No If applicant is not hired, Report Review should be placed on file.

If yes, date of hire: _____

Terminal location: _____

Classification: _____

Supervisor: _____

Interview date: _____

| | Superior | Good | Fair | Below Average | Poor | Written Record on File |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interview | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Road Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal Record & Traffic Convictions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Interviewing Representative: _____ Date: _____