

(Complete the application below, saving your work as you go by clicking the "save" button on the PDF tool bar above. Please note that you cannot save your completed application by clicking "file" and "save as". You must save using the tool bar "save" button. Upon completion, email completed application to Inman by clicking the email button at the bottom, or the email button on the PDF tool bar)

DRIVER'S APPLICATION FOR EMPLOYMENT

INMAN TRUCKING, INC.
125-1 GREGORY RD. NE
LELAND, NC. 28451

Ph: 910-371-3313 - email: TWALSAK@INMANTRUCKING.COM

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, or non-job disability.

TO BE READ AND SIGNED BY APPLICANT

I authorize Inman Trucking, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and any 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 Inman Trucking, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employers 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 re-send the corrected information to the prospective employer
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information

Signature _____ Date _____
Type Name to Sign

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

Position Applied For _____ Date of Application _____

Name _____ Social Security No. _____
Last First Middle

List Addresses for the past three years.

Current Address _____ Phone _____
Street

City _____ State _____ Zip _____ How Long? _____

Previous
Addresses

Street _____ City _____ State & Zip _____ How Long? _____

Street _____ City _____ State & Zip _____ How Long? _____

Do you have the right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

Have you worked for Inman Trucking, Inc. before? _____ If yes, Dates: From _____ To _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you to us? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job you have applied for? _____

If yes, explain _____

Have you ever been convicted of a felony? _____ If yes, Date, Charges, and disposition _____

EMPLOYMENT HISTORY

1). 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 and contact information.

2). Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on **only** those employers for whom the applicant operated (drove) commercial motor vehicles.

(NOTE: List employers in reverse order beginning with the most recent. Ask for another sheet if necessary.)

EMPLOYERS	DATES	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NO.	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS** WHILE EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOLHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NO.	REASON FOR LEAVING	
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EMPLOYMENT HISTORY CONTINUED

EMPLOYERS	DATES	
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*Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, 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 to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

LIST	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND BOND FOREITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED (NAME) (CITY & STATE)

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 the answer to A or B above is YES, give details _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, DUMP, REFER, DOUBLES, ETC)	TIME DRIVING THIS EQUIP. (YEARS AND MONTHS)	NO. OF STATES	APPROX.NO. OF MILES
STRAIGHT TRUCK				
TRACTOR-TRAILER				
OTHER				

Which safe driving awards do you hold and from whom? _____

Show any special courses or training that may help you as a driver: _____

Show any Trucking, Trucking School, Transportation or other experience that may help you in your work for Inman Trucking, Inc. _____

Do you have prior California produce hauling experience? _____ If so, how long and with whom? _____

IN THE PAST 3 YEARS HAVE YOU:

Tested positive for a controlled substance? YES ___ NO ___

Had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? YES ___ NO ___

Refused a required test for controlled substances or alcohol? YES ___ NO ___

Tested positive for a controlled substance on a Previous Employment Drug Screen for any prospective employer? YES ___ NO ___

If you answered YES to any of the above questions, provide the name, address, and phone number of your Substance Abuse Professional below.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand and agree that any misrepresentations of information given shall be considered an act of falsification and my result in discharge.

Signature: _____ Date: _____

Type Name to Sign

