



APPLICATION FOR EMPLOYMENT

NAME: First M Last

CURRENT ADDRESS: STREET CITY STATE ZIP

HOW LONG ? DOB / / SOCIAL SECURITY / /

HOME NUMBER: ( ) CELL NUMBER ( )

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

IN CASE OF EMERGENCY, NOTIFY TELEPHONE NUMBER:

RESIDENCE ADDRESSES FOR PAST THREE YEARS

Table with 5 columns: ADDRESS, STREET, CITY, STATE, ZIP, HOW LONG ?

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Do you have the legal right to work in United States? YES NO
Have you ever been convicted of a felony? YES NO If yes please explain fully on a separate sheet of paper.

LIST ALL MOTOR VEHICLE ACCIDENTS FOR THE PAST 3 YEARS

Table with 4 columns: DATE, NATURE OF ACCIDENT, FATALITIES, INJURIES

List all licenses held for the last 3 years

Form with fields for State, License#, Exp date, and questions about license denial and revocation.

THIS COMPANY REQUIRES ALL DRIVERS WHO DRIVE COMMERCIAL MOTOR VEHICLES (CMV) WHICH REQUIRE A COMMERCIAL DRIVERS LICENCE (CDL) TO BE CONTROLLED SUBSTANCES TESTED WITH A NEGATIVE RESULT PRIOR TO DRIVING. DO YOU CONSENT TO SUCH TESTING YES NO

LIST ALL MOVING TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Table with 5 columns: DATE VIOLATION, VIOLATION DESCRIPTION, LOCATION, CONVICTION, TYPE OF VEHICLE OPERATED



## EMPLOYMENT RECORD

PLEASE LIST EMPLOYERS FOR THE LAST 10 YEARS STARTING WITH THE MOST RECENT

DATES				NAME AND ADDRESS OF ORGANIZATION(S)	COMMERCIAL VEHICLE OPERATOR		REASON FOR LEAVING		
From		To			NO <input type="checkbox"/>	YES <input type="checkbox"/>	Discharged	Quit	laid-off
M 0	Y R	M O	Y R						
					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 <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 <input type="checkbox"/>	YES <input type="checkbox"/>			
					NO <input type="checkbox"/>	YES <input type="checkbox"/>			

MY SIGNATURE BELOW CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL THE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_

APPLICANT'S SIGNATURE

\_\_\_\_\_

DATE

Were you referred by anyone at Palmetto Corp? YES NO If yes, who? \_\_\_\_\_

**PALMETTO CORP IS AN EQUAL OPPORTUNITY EMPLOYER. It is PALMETTO CORP's policy to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training. All such decisions are based on (1) individual merit, qualifications, and competence as they relate to the particular position, and (2) promotion of the principle of equal employment opportunity. All current employees are encouraged to refer minority and women recruits for employment whenever hiring opportunities are available.**

PALMETTO CORP IS ENROLLED IN E-VERIFY!



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Release from Prospective Employee:

I hereby authorize you to release the following information to PALMETTO CORP. for the purpose of investigation as required by sections 391.23 and 382.413 of the Motor Carrier Safety Regulations and/or all information regarding my services, character, and conduct regarding my employment. You are released from any liability, which may result from furnishing such information.

Date

Signature of Employee

Part 391.23

TO BE COMPLETED BY PREVIOUS EMPLOYER

TO: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_ SS# \_\_\_\_\_

1. Please indicate dates of employment with your company: \_\_\_\_\_

2. What was his/her job classification: \_\_\_\_\_ Driver \_\_\_\_\_ Operator \_\_\_\_\_ Laborer

Other \_\_\_\_\_

3. Equipment used: \_\_\_\_\_ Tractor Trailer \_\_\_\_\_ Flatbed \_\_\_\_\_ Straight-truck \_\_\_\_\_ Bus \_\_\_\_\_ Van

Other \_\_\_\_\_

4. Material hauled: \_\_\_\_\_ Coils \_\_\_\_\_ Lumber \_\_\_\_\_ Flat Steel. Other \_\_\_\_\_

5. Reason for leaving employer? \_\_\_\_\_ Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Lay-off

6. Would you re-hire this applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Upon review. If no, explain:

7. Accidents:

Date Location No. of Injures No. of Fatalities Hazmat Material Spill

\_\_\_\_\_

\_\_\_\_\_

Under DOT drug and alcohol testing requirements for the past 3 years:

1. This person was employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40 (if no, skip the remaining questions)? Y or N

2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration? Y or N

3. This person tested positive or adulterated or substituted a test specimen for controlled substances? Y or N

4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Y or N

5. This person committed other violations of Subpart B of Part 382, or Part 40? Y or N

6. This person violated a DOT drug and alcohol regulation? Y or N

Name and title of person furnishing information

Date



## Equal Employment Opportunity Data Reporting Form

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The Federal Highway Administration (FHWA) requires the following information to be collected for statistical reporting of applicants as a part of the Equal Opportunity and Affirmative Action Program requirements (FHWA-1273). This information is not used in the employment process nor released in a manner that identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_

Last Name \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Gender (Please check appropriate box):

- Male
- Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Race (Please check appropriate box):

- White, not of Hispanic Origin
- Black or African American, not of Hispanic Origin
- Hispanic or Latino
- Asian, not Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
- American Indian or Alaskan Native
- Two or more races, not Hispanic or Latino