



**APPLICATION FOR EMPLOYMENT
SAFETY SENSITIVE POSITIONS**

Position Applying for:				
Applicant Last Name		Applicant First Name		Middle Initial
Home Address	Apt. #	City	State	ZIP Code
Main Phone	Alternate Phone	Work Phone		
Do you have any relatives who are employed by CrewZers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them below.				
Name(s)	Relationship to you		Department(s)	

Are you legally authorized to work in the United States, either because you are a U.S. citizen, or because your visa or immigration status authorized legal employment in the U.S.? Yes No

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not get hired, safety-sensitive transportation work covered by the DOT drug and alcohol testing rules during the past two years? Yes No

If so, employer name: _____ Date: _____

Have you been convicted of a crime, pled guilty or been released from prison within the past seven (7) years (whichever is most recent)? Yes No

If yes, indicate the date and nature of the offense (a conviction will not necessarily bar you from employment).

EDUCATION:

High School	Location (City)	Location (State)	Graduate/GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University	Location (City & State)	Dates (From/To)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree Title	Date	Major	Credit Hours	
Other Training	Dates (From/To)	Location (City & State)		
Other Training	Dates (From/To)	Location (City & State)		
Other Valid Professional Licenses & Certificates	Type of License	Issuing State	Registration #	Expiration Date

DRIVER'S LICENSE:

Check the box(es) which describe the type(s) of license(s) you have.

- Regular Air Brake Equipment
 CDL Class _____ Passenger Endorsement

License Expiration Date	Birthdate
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In the last five (5) years, has your driver's license been revoked or suspended? Yes No

If yes, give date and reason: _____

In the last five (5) years, have you been cited for negligent driving, DWI or DUI, reckless driving or open container? Yes No

If yes, give date and _____ offense:

Have you had a license in another state in the last five (5) years?

State	Years From:	To:
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List all the traffic code violations you have had in the United States within the last five (5) years, starting with the most recent violation. If you have not violations, write **“No Violations”**. If you do not complete this section, your application will not be accepted. **If you have speeding tickets, state how fast you were going and the posted speed limit.**

Month/Year	What citation was for (speeding, illegal turn, etc.)	For speeding tickets, your speed/posted limit	City, State	Has ticket been paid?	Was license suspended or revoked?

List all accidents you have had in the last five (5) years in which you were at fault, including employment-related accidents.

Month/Year	Brief Description	Approximate Dollar Damage	Injuries?	Were you given a traffic citation?

Failure to provide complete and accurate information on this form will disqualify you from consideration.

Experience

- **This section must be completed in detail**
 - List your work experience for the last 10 years, starting with your most recent job.
 - A resume will not substitute for a completed application form.
 - Under “duties and responsibilities” describe your job in detail.
 - If you have had more than nine (9) jobs or wish to add more detail to the “duties” section, complete a separate sheet in the same format and attach to this form.
- If you have been terminated from any previous job(s), please state the specific reason(s) why.

1	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
	Ending Salary:	Your Title:	Supervisor:	Phone:
Number of Work Hours per Week:			Title:	
Duties and Responsibilities:				
Reason for leaving/wishing to leave:				

2	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:			Title:	
Duties and Responsibilities:				
Reason for Leaving/Wishing to Leave:				
3	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:			Title:	
Duties and Responsibilities:				
Reason for Leaving/Wishing to Leave:				
4	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:			Title:	
Duties and Responsibilities:				
Reason for Leaving/Wishing to Leave:				
5	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:			Title:	
Duties and Responsibilities:				
Reason for Leaving/Wishing to Leave:				
6	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:			Title:	
Duties and Responsibilities:				
Reason for Leaving/Wishing to Leave:				

Give dates and explain all periods of **un**employment during the past 10 years:

Indicate your experience with the following items by writing the number of years or months of experience. If using months, write (mo.) after the number (e.g., 8 mo.).

ITEM	Trouble Shooting	Field Service Repair	Component Rebuild	Fuel Systems	Electronic Fuel Injection	Electronic Engine Controls/Sensors
International Engines						
Cummins Engines						
Detroit Engines						
Other Diesel Engines (specify):						
Allison Transmissions (Automatic)						
HVAC						
Differential & associated gear boxes						

I agree to take any post-offer employment physical, drug and/or alcohol test, as may be required. I agree to wear protective clothing or devices as required to comply with safety rules. I also authorize crewzers to obtain, at its sole discretion, my employment and non-employment driving record, including all State Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. I further agree to any other conditions of employment described in the application materials.

I certify that the statements made by me on the application are, to the best of my knowledge, true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by crewzers will constitute grounds for rejection, or if employed by crewzers, for dismissal.

I further understand that any employment offer may be subject to successful completion and results for drug and alcohol background check, drug testing, reference checks, driver's record evaluation, and criminal history checks. Having applied for employment with crewzers, I do hereby agree and give my consent that any person, firm or organization listed hereon is authorized to furnish crewzers with reference material concerning my character, past employment or any other information requested.

You may contact my **current** employer. Yes No Contact me first

Signature _____ Date: _____

crewZers Use only	Comments