



7040 North State Road 337 - PO Box 133 - Orleans, IN 47452
Tel 812.653.2998 - Fax 812.203.2701
www.hallbros.com - dispatch@hallbros.com

Signature of Applicant _____ Date _____

Name _____ Phone _____
First Middle Last

Current Address _____
Street City State Zip Code

*If at the above residence for less than three years, list below all residences for past 3 years

Street City State Zip Code

Street City State Zip Code

Position Applying For _____ Temporary Part-time Full-time

Who Referred You? _____ Rate of Pay expected _____

Have you Worked for this company before? _____ Date From _____ To _____

Where? _____ Rate of pay _____ Position _____

Reason for leaving _____

Name any relatives employed by this company _____

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

Education

Circle Highest Grade Completed: 7 8 9 10 11 12 College 1 2 3 4

Last School Attended _____
Name Address

General

Have you ever been bonded Yes No Name of Bonding Company _____

Have you ever been convicted of a felony? Yes No

If yes please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar from employment. All circumstances will be considered.

Have you ever worked for this company under another name? Yes No

If so, under what name? _____

Experience & Qualification

Date of Birth _____ The DOT required that Driver Applicants state the date of birth

Social Secutiy Number _____ - _____ - _____

Driver Experience and Qualifications (cont'd) answer only if applying for driver position

Licenses

Drivers Licenses Dates Held in Past 3 Years Must be shown	State	License No	Type	Exp

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

C.) Have you ever been disqualified for violations of the federal motor carrier regulation? Yes No

If you answered "Yes" to A, B or C attach a statement giving details.

Driver Experience

Class of Equipment	Type of Equipment Van, Tank Flat, Etc.	Date		Appropriate Total Miles
		From	To	
Straight Truck				
Tractor Trailer				
Twin Trailer				
Other				

List state operated in during last five years. _____

List special courses or training that will help you as a driver. _____

List safe driving awards held and who awards were presented by. _____

Accident Review for Past 3 Years (attach separate sheet if more space needed)

Dates	Nature of Accident HeadOn, RearEnd, Etc.	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Accident Convictions for Past 3 Years, Other than Parking Violations

Location	Date	Charge	Penalty

Shop Equipment

Indicate training and experience in the following:	Formal Training	Yrs Exp.		Formal Training	Yrs Exp.
	Electrical Diagnostic Equip.				Paint Spray Gun
Sheet Metal Equip.			Air Conditioning		
Frame & Axle Straightening Equip.			Tire Service Machine/Balance		
Engine Rebuilding Equip.			Engine Dynamometer		
Diesel Injection Equip.			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
			Noise/Smoke Measuring Equip.		

Employment Record

The US Dept of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987, they must also show commercial driver employment for the seven years immediately preceding this three year period.

Start with the most current position, including military experience and work back.

Current Employer: _____ Supervisor's Name _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason For Leaving: _____

were you subject to the fmcsr? Yes () No () Were you subject to DOT drug test & alcohol test? Yes () No ()

Company: _____ Supervisor's Name _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason For Leaving: _____

were you subject to the fmcsr? Yes () No () Were you subject to DOT drug test & alcohol test? Yes () No ()

Company: _____ Supervisor's Name _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason For Leaving: _____

were you subject to the fmcsr? Yes () No () Were you subject to DOT drug test & alcohol test? Yes () No ()

Company: _____ Supervisor's Name _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason For Leaving: _____

were you subject to the fmcsr? Yes () No () Were you subject to DOT drug test & alcohol test? Yes () No ()

Company: _____ Supervisor's Name _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason For Leaving: _____

were you subject to the fmcsr? Yes () No () Were you subject to DOT drug test & alcohol test? Yes () No ()

Company: _____ Supervisor's Name _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason For Leaving: _____

were you subject to the fmcsr? Yes () No () Were you subject to DOT drug test & alcohol test? Yes () No ()

Company: _____ Supervisor's Name _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason For Leaving: _____

were you subject to the fmcsr? Yes () No () Were you subject to DOT drug test & alcohol test? Yes () No ()

Company: _____ Supervisor's Name _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason For Leaving: _____

were you subject to the fmcsr? Yes () No () Were you subject to DOT drug test & alcohol test? Yes () No ()

Applicant Must Read & Sign

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or His/Her agents may investigate my background to ascertain any and all information of concerns to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of physical examinations and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigation consumer report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation of omission of information of facts may result in rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and that information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature