

Payne Inc.
Driver's Application for Employment
10411 Hall Industrial
Fredericksburg VA

It is our policy to provide equal employment opportunity to qualified persons without discrimination because of any characteristics protected by applicable, local, state or federal law.

Name _____ Date ____/____/____
 (First) (Middle) (Last)
 **Home Phone _____ **Cell Phone _____ Social Security No. _____
 Address _____ Email Address _____
 City _____ County _____ State _____ Zip _____

How long at this address? _____ Date of Birth* ____/____/____ Med Card Expiration Date ____/____/____
 *Federal Regulations require that drivers of commercial motor vehicles operating in Interstate Commerce be at least 21 years of age.

Driver's License Information

State	License No.	Type (e.g., A, B, C, etc.)	Endorsements	Expiration Date
Address On Driver's License				

Person To Be Notified In Case Of Emergency

Name _____ Phone _____ Relationship _____
 Address _____

Addresses For The Past Three Years

_____ How Long? _____
 (Street) (City) (State & Zip code)
 _____ How Long? _____
 (Street) (City) (State & Zip code)
 _____ How Long? _____
 (Street) (City) (State & Zip code)

Position Applied For

- Driver Warehouse Worker
- CDL Non-CDL Truck Other Class: (Circle) A B C

Are you legally eligible for employment in the United States? Yes No

Employment History

All driver applicants must provide the following information on all previous employers for the past three years.

Those applying for a position to drive a commercial motor vehicle requiring a CDL* must provide an additional 7 years of employment history (total of 10 years). List most recent past employer first and so on. Attach additional sheet if necessary.

1) Company Name _____

Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____

Reasons For Leaving _____

Person To Contact _____ Phone (____) _____ Fax (____) _____

2) Company Name _____

Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____

Reasons For Leaving _____

Person To Contact _____ Phone (____) _____ Fax (____) _____

3) Company Name _____

Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____

Reasons For Leaving _____

Person To Contact _____ Phone (____) _____ Fax (____) _____

4) Company Name _____

Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____

Reasons For Leaving _____

Person To Contact _____ Phone (____) _____ Fax (____) _____

5) Company Name _____

Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____

Reasons For Leaving _____

Person To Contact _____ Phone (____) _____ Fax (____) _____

*Includes vehicles having a GVWR of 26,001 lbs. or more, GCWR of 26,001 lbs or more (inclusive of a towed unit with a GVWR of 10,001 lbs or more), vehicles designed to transport 16 or more passengers (including the driver), or any vehicle (regardless of size) used to transport hazardous materials in placarded quantities and/or otherwise engaged in safety sensitive functions and in any DOT regulated mode of transportation and subject to DOT drug and alcohol testing requirements under 49 CFR Part 40.

Background Information

Please provide the following information for the past three years:

Accident Record

(List All Incidents, Regardless Of Severity. Attach Additional Sheet If More Space Is Needed)

Dates	Nature Of Accident (Head-On, Rear-End, Upsell, Etc.)	Fatalities	Injuries	Were you cited? Charged?	Type of vehicle operated

Traffic Convictions And Forfeitures

(Other Than Parking Violations)

Location	State	Date	Charge	Penalty	Points

NOTE: We will obtain a copy of your motor vehicle record maintained by each state in which you have been licensed in the past three years as required of us by Federal regulation.

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)

Experience And Qualifications

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx No. Of Miles
		From	To	
Straight Truck (single unit)				
Tractor And Semi-Trailer				
Tractor-Two Trailers				
Other				

- 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 convicted of a felony? Yes No If so, year convicted? _____
 - D. Have you ever been convicted of a crime? (Do not include minor traffic violations) Yes No
 - E. Have you tested positive or refused to test on any pre-employment drug screen within the previous three years? Yes No
 - F. Have you tested positive or refused to test on any DOT mandated drug or alcohol test? Yes No
- If yes, when _____ For what substance(s)? _____
- If yes, can you provide documentation that you met the mandated return to duty steps? Yes No

****If yes to either A, B, C, D, or E attach a statement of the facts and circumstances, in detail****

Experience And Qualifications – Other

Tell us about any trucking, transportation or other experience that would benefit you in working for Payne Inc

List educational courses and training not shown elsewhere on this application:

List special equipment operated or technical skills not shown elsewhere on this application:

Have you worked for Payne Inc before? _____ When/Where? _____

Reason for Leaving _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application personally, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of my 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 the Company, as permitted by Law. My services and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no individual or representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement to the contrary. I understand that the information furnished on this application will be used, and my previous employers will be contacted, to investigate my safe driving history as required by 49 CFR Section 391.23. Further I understand I have the right to: a) review the information provided by my past employers; b) have the information corrected and to have the previous employer resend the information; or c) rebut the information and have my previous employer(s) attach a rebuttal statement to any alleged erroneous information in their response. I understand I may request in writing to review information provided by my previous employers and that information will be furnished to me if the request is made within 30 days of the date of application.

Date _____

Applicant's Signature _____

Additional Employment History

6) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reasons For Leaving _____
Person To Contact _____ Phone (_____) _____ Fax (_____) _____

7) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reasons For Leaving _____
Person To Contact _____ Phone (_____) _____ Fax (_____) _____

8) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reasons For Leaving _____
Person To Contact _____ Phone (_____) _____ Fax (_____) _____

Explanation of Past Employment Gaps
Please explain all gaps in past employment greater than 30 days in length

GAP From _____ To _____
Explanation _____

GAP From _____ To _____
Explanation _____

GAP From _____ To _____
Explanation _____
