

DRIVER'S APPLICATION FOR EMPLOYMENT

Chesapeake Transit, Inc.
1801 S. Clinton St
Baltimore, MD 21224

(Answer all questions – please print)

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, veteran status, non-job related disability, or any other protected group status.

Date of application _____

Position(s) applied for _____

Name _____ Social Security No. _____ - _____ - _____
Last First M.I.

List your addresses of residency for the past 3 years

Current Address _____
Street City State Zip

Phone _____ How long? _____
Yr. / Mo.

Previous Address _____
Street City State Zip

Phone _____ How long? _____
Yr. / Mo.

Do you have legal right to work in the United States? Yes No

Date of Birth ____ / ____ / ____ License No. _____
(Required for Commercial Drivers)

Have you previously been employed by Chesapeake Transit? Yes No When _____

Have you ever been convicted of a felony? Yes No If yes, please explain on a separate sheet of paper the circumstances of the conviction. A conviction of a crime is not an automatic bar to employment – All circumstances will be considered.

Are you currently employed? Yes No If not how long since leaving your last employer? _____

How were you referred to us? _____ Pay Rate Expected _____

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

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer Name _____ **Position Held** _____ **Date** _____
From _____ To _____
Address _____
Street _____ City _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____ **Salary/Wage** _____
Reason for Leaving _____

Did you drive a vehicle requiring a CDL? _____ **Type of Vehicle** _____

Were you subject to the FMCSR's while employed by this employer? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40? Yes No

Employer Name _____ **Position Held** _____ **Date** _____
From _____ To _____
Address _____
Street _____ City _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____ **Salary/Wage** _____
Reason for Leaving _____

Did you drive a vehicle requiring a CDL? _____ **Type of Vehicle** _____

Were you subject to the FMCSR's while employed by this employer? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40? Yes No

Employer Name _____ **Position Held** _____ **Date** _____
From _____ To _____
Address _____
Street _____ City _____ State _____ Zip _____
Contact Person _____ **Phone Number** _____ **Salary/Wage** _____
Reason for Leaving _____

Did you drive a vehicle requiring a CDL? _____ **Type of Vehicle** _____

Were you subject to the FMCSR's while employed by this employer? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40? Yes No

Employer Name _____ **Position Held** _____ **Date** _____
From To

Address _____
Street City State Zip

Contact Person _____ **Phone Number** _____ **Salary/Wage** _____

Reason for Leaving _____

Did you drive a vehicle requiring a CDL? _____ **Type of Vehicle** _____

Were you subject to the FMCSR's while employed by this employer? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40? Yes No

Employer Name _____ **Position Held** _____ **Date** _____
From To

Address _____
Street City State Zip

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Employer Name _____ **Position Held** _____ **Date** _____
From To

Address _____
Street City State Zip

Contact Person _____ **Phone Number** _____ **Salary/Wage** _____

Reason for Leaving _____

Did you drive a vehicle requiring a CDL? _____ **Type of Vehicle** _____

Were you subject to the FMCSR's while employed by this employer? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40? Yes No

ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH SEPARATE SHEET IF NEEDED) IF NONE WRITE NONE

	Date	Nature of Accident (head-on, rear-end, etc.)	Fatalities	Injuries
LAST ACCIDENT	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FOREFEITURES 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: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
 (name) (city) (state)

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 been suspended or revoked? Yes No

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

DRIVING EXPERIENCE

(If none, write none)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, tank, flat, etc.)	DATES	
		FROM	TO
Straight Truck _____	_____	_____	_____
Tractor Trailer _____	_____	_____	_____
Tractor & Double _____	_____	_____	_____
Motorcoach or Bus _____	_____	_____	_____

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

List any safe driving awards you hold and from whom

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 authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made 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 the Company.

_____ Date

_____ Applicant Signature

DO NOT WRITE BELOW THIS LINE

PROCESS RECORD

Applicant: HIRED REJECTED

DATE EMPLOYED _____

REVIEWING OFFICIAL _____

NOTES: _____
