

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

**Magnum Mud Equipment
1961 HWY 182
Houma, LA 70364**

{Answer all questions-Please print}

In compliance with the Federal and State equal employment opportunity laws, qualified applicants Are considered for all positions without regard to race, color, religion, sex, national origin, age, Martial status or non-job related disability.

Date of application: _____

Position(s) Applied for: _____

Name _____ Social Security No. _____
Last First Middle

Home Phone: _____ Cell Phone: _____ Other: _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City State Zip Code

Previous Address _____
Street City State Zip Code

Previous Address _____
Street City State Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving: _____

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

Is there any reason you might be unable to perform the functions of the job for which you have applied {as described in the attached job description} _____

If yes, please explain: _____

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET, IF MORE SPACE IS NEEDED, IF NONE – WRITE NONE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, 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

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privileges ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE – IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM:	TO:	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRUCK				
TRACTOR-TWO TRAILORS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE 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* IN INTRASTATE OR INTERSTATE COMMERCE 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			DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY CODE	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			REASON FOR LEAVING
EMPLOYER			DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY CODE	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			REASON FOR LEAVING
EMPLOYER			DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY CODE	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			REASON FOR LEAVING
EMPLOYER			DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY CODE	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			REASON FOR LEAVING
EMPLOYER			DATE
NAME			FROM: TO:
ADDRESS			POSITION HELD
CITY CODE	STATE	ZIP	SALARY/WAGE
CONTACT PERSON			REASON FOR LEAVING

- INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

EXPERIENCE AND QUALIFICATIONS – OTHERS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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 only 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's Signature

*******OFFICE USE*******

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILED IN BY RESPONSIBLE
 OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL / TRAFFIC CONVICTIONS						

Signature of interviewing officer _____

TRANSFERS

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____ _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____ _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____ _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER: _____ _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED; _____ DEPARTMENT RELEASED FROM: _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____