



# Application for Employment as a COMPANY DRIVER



537 Brick Church Park Drive  
Nashville, TN 37207-3219  
(888) 879-1383 ♦ fax: (615) 650-6591

INSTRUCTIONS: Please complete the entire application, and fax it to the office of your choice. Leave no blank spaces. If more space is needed for work history, please send an additional sheet. Applications are usually processed within 24 hours.

1850 County Route 1  
P.O. Box 3210  
Oswego, NY 13126  
(800) 784-6687 ♦ fax: (315) 342-9639

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS: \_\_\_\_\_  
(STREET) (APT. #) (CITY) (STATE) (ZIP)

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) P.O. Box \_\_\_\_\_  
(CITY) (STATE) (ZIP)

PHONE NUMBER: ( ) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX:  Male  Female

SOCIAL SECURITY NO.: \_\_\_\_\_ REFERRED BY: (PERSON OR PUBLICATION) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ ( ) \_\_\_\_\_  
(NAME) (RELATIONSHIP) (PHONE NUMBER)

**Please list your previous addresses for the past 3 years:**

(DATES)	(STREET)	(APT. #)	(CITY)	(STATE)	(ZIP)

**Please list any Motor Vehicle Licenses issued to you in the past 7 years:**

(STATE)	(NUMBER)	(CLASS)	(ENDORSEMENTS)	(EXPIRATION DATE)
CURRENT:				
PREVIOUS:				
PREVIOUS:				

**Please list any Commercial Vehicle Driving Schools you may have attended:**

(NAME / LOCATION OF SCHOOL)	(PHONE NUMBER)	(DATES ATTENDED)
	( )	

**Please list all Motor Vehicle Accidents you may have been involved in during the past 3 years :**

(DATE)	(DESCRIPTION)	(LOCATION)

**Please list all violations of Motor Vehicle laws or ordinances (excluding parking tickets) which you have been convicted of during the past 3 years:**

(DATE)	(VIOLATION)	(CITY / STATE)

**Please list all suspensions or revocations of your driving privileges during the past 5 years :**

(DATE)	(REASON)

**Please list all criminal offenses (misdemeanors, felonies, DUI's, DWI's, etc.) for which you have *been convicted in your lifetime*: (Prior criminal convictions may not prevent applicants from being hired. Submitting false information on this application, however, will result in immediate termination of employment if hired.)**

(DATE)	(CONVICTION)
_____	_____
_____	_____

**Have you ever *failed or refused* any DOT mandated drug or alcohol tests during the past 2 years ?**

No     Yes (Please explain: ) \_\_\_\_\_

**Are you currently under a physician's care or taking any prescribed medication?**

No     Yes (Please explain: ) \_\_\_\_\_

**Please detail ALL your places of Employment during the past 10 years: (Attach additional sheets if necessary.)**

<b>1</b>	_____ ( )
	(MOST RECENT EMPLOYER) _____ (ADDRESS) _____ (PHONE NUMBER)
	(TYPE / SIZE OF TRAILER HAULED) _____ (POSITION / TYPE OF WORK) _____ (APPROXIMATE MILES)
	FROM: _____ TO: _____ (REASON FOR LEAVING) _____ (DATES OF EMPLOYMENT)
<b>2</b>	_____ ( )
	(MOST RECENT EMPLOYER) _____ (ADDRESS) _____ (PHONE NUMBER)
	(TYPE / SIZE OF TRAILER HAULED) _____ (POSITION / TYPE OF WORK) _____ (APPROXIMATE MILES)
	FROM: _____ TO: _____ (REASON FOR LEAVING) _____ (DATES OF EMPLOYMENT)
<b>3</b>	_____ ( )
	(MOST RECENT EMPLOYER) _____ (ADDRESS) _____ (PHONE NUMBER)
	(TYPE / SIZE OF TRAILER HAULED) _____ (POSITION / TYPE OF WORK) _____ (APPROXIMATE MILES)
	FROM: _____ TO: _____ (REASON FOR LEAVING) _____ (DATES OF EMPLOYMENT)
<b>4</b>	_____ ( )
	(MOST RECENT EMPLOYER) _____ (ADDRESS) _____ (PHONE NUMBER)
	(TYPE / SIZE OF TRAILER HAULED) _____ (POSITION / TYPE OF WORK) _____ (APPROXIMATE MILES)
	FROM: _____ TO: _____ (REASON FOR LEAVING) _____ (DATES OF EMPLOYMENT)
<b>5</b>	_____ ( )
	(MOST RECENT EMPLOYER) _____ (ADDRESS) _____ (PHONE NUMBER)
	(TYPE / SIZE OF TRAILER HAULED) _____ (POSITION / TYPE OF WORK) _____ (APPROXIMATE MILES)
	FROM: _____ TO: _____ (REASON FOR LEAVING) _____ (DATES OF EMPLOYMENT)

**CERTIFICATION AND RELEASE:** I hereby certify that I personally completed this application, and that all information herein is true and correct. I authorize Metal Transportation Systems, Inc. to conduct a complete investigation of my background, in compliance with State and Federal laws. I understand that previous employers for whom I have worked will be contacted by Metal Transportation Systems, Inc. regarding my work record, dates of employment, safety record, and my record regarding drug & alcohol testing. I also understand that consumer reports, which may include information regarding my driving record, previous employment records, and drug & alcohol testing records, may be requested from DAC Services, Inc. of Tulsa, OK. I authorize the release of this information, and agree to hold harmless any previous employer, their agents, and DAC Services for any and all information they may provide to Metal Transportation Systems, Inc.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT FULL NAME: \_\_\_\_\_