

## TRUCK DRIVER APPLICATION ONLY

Date				
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PRINT FULL NAME _____	
<small>(Last)</small> PRESENT ADDRESS <small>(First)</small> <small>(Middle)</small> _____	Social Security Number _____
<small>(No.)</small> <small>(Street)</small> _____	Home Phone Number _____
<small>(City)</small> <small>(State)</small> <small>(Zip Code)</small> _____	Additional Phone Contact _____
ADDRESSES FOR PREVIOUS 3 YEARS: _____	
Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you previously worked for a Shockey Company? _____ Are you willing to work overtime? _____	
Minimum Salary or Wage Expected _____	

DRIVING RECORD: How many times have you been convicted of traffic violations in the last 3 years? _____ List types of violations & dates _____
List dates and details of any accident in which you have been involved as the operator of a motor vehicle within the last 3 years, specifying date and nature of each accident and any fatalities or personal injuries it caused. _____
List state, number and expiration date of unexpired motor vehicle operators license: _____
Has your privilege to operate a motor vehicle ever been denied, revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO

### EDUCATION

Circle last year of school completed: 8 9 10 11 12 College or Special: 13 14 15 16 Graduate: 17 18 19

		Courses Taken
NAME OF HIGH SCHOOL		
NAME OF COLLEGE		
OTHER(s) <small>Vo-Tech Prep Business</small>		

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_ Date of Separation \_\_\_\_\_

I understand that nothing contained in this employment application is intended to create an employment contract between SHOCKEY and me for either employment or the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment shall be at-will and that I or SHOCKEY has the right to terminate my employment at any time for any reason. I understand that only the President of SHOCKEY is authorized to amend or alter my employment status.

Signature **X**

### EMPLOYMENT HISTORY:

**START WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND LIST ALL OF YOUR LAST FIVE EMPLOYERS IN REVERSE ORDER.**

*This must include all places of employment where you operated a commercial motor vehicle during the previous 10 years.*

<b>PRESENT or LAST EMPLOYER</b>				
ADDRESS ↓				
From	To	Duties / Equipment Operated	Wages	Reason for Leaving
<small>(No.)</small>	<small>(Street)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip)</small>

## EMPLOYMENT HISTORY CONTINUED

<b>COMPANY</b>				
ADDRESS				
(No.)	(Street)	(City)	(State)	(Zip)
From	To	Duties/Equipment Operated	Wages	Reason for Leaving
<b>COMPANY</b>				
ADDRESS				
(No.)	(Street)	(City)	(State)	(Zip)
From	To	Duties/Equipment Operated	Wages	Reason for Leaving
<b>COMPANY</b>				
ADDRESS				
(No.)	(Street)	(City)	(State)	(Zip)
From	To	Duties/Equipment Operated	Wages	Reason for Leaving
<b>COMPANY</b>				
ADDRESS				
(No.)	(Street)	(City)	(State)	(Zip)
From	To	Duties/Equipment Operated	Wages	Reason for Leaving

**IN THE EVENT OF AN EMERGENCY, NOTIFY:** Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

*I understand that the processing of my employment application requires the expenditure of time and resources by this employer. I also understand that this employer would not process this application if I had no genuine interest in employment with this employer at the time this application is submitted. Therefore, I hereby represent and certify that I am genuinely and sincerely interested in employment with this employer and that my application is submitted in good faith and genuine interest in employment with this employer. I hereby consent to a drug screening test. I understand and agree that any omission or falsification of this record may be cause for the disqualification of my application or termination.*

Signature Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

In completing and submitting this application, I understand and agree: (1) That any misstatement of material facts will be sufficient reason for immediate withdrawal of this application or, in the event of employment, be deemed cause for dismissal. (2) That my previous employers may be contacted for information concerning my employment, character, ability, and expertise. (3) That no question on this application has been answered in such a manner as to disclose my sex, race, color, religion, age, disability, or ethnic origin. I further understand that I will not become a full time employee until I have satisfactorily completed the required introductory period of employment.

**It is the policy of SHOCKEY to consider all applicants equally without regard to race, color, creed, ancestry, national origin, religion, sex, age, veteran status, marital status, disability, or any other legally protected status. This company will provide reasonable accommodations for otherwise qualified individuals with disabilities.**

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

Signature Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**CHARACTER REFERENCES:**

Name	Address	Occupation

**INTERVIEWER'S COMMENTS:**