



Paxton Van Lines, Inc. EMPLOYMENT APPLICATION-DRIVER



Applicant: Read, complete all fields and sign before submitting this application. The PAXTON Companies is an Equal Opportunity Employer

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. We participate in E-Verify for Employment Authorization.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

APPLICANT INFORMATION

Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
First MI Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Address \_\_\_\_\_ # of years \_\_\_\_\_
Street City ST Zip

Addresses for past three years:

Address \_\_\_\_\_ # of years \_\_\_\_\_
Street City ST Zip

Address \_\_\_\_\_ # of years \_\_\_\_\_
Street City ST Zip

HT: \_\_\_ ft \_\_\_ in WT: \_\_\_ lbs. Date of Birth: \_\_\_/\_\_\_/\_\_\_ Soc. Sec. No: \_\_\_ - \_\_\_ - \_\_\_ US Citizen? Y or N

City of Birth: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Name Relationship

Address: \_\_\_\_\_
Street City ST Zip

Position applied for: \_\_\_\_\_ PT \_\_\_ [Temp] or FT \_\_\_ [Perm]

Have you worked for this company before? (Circle one) Y -OR- N From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_
MM/YY MM/YY

How did you learn of this job opening? \_\_\_\_\_ Rate of Pay Desired \$ \_\_\_/Hr

Do you own a car? (Circle one) Y -OR- N Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

EDUCATION

(Circle highest grade completed) Elementary: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended \_\_\_\_\_
Name Address

Foreign Language? \_\_\_\_\_ Speak Fluently? Yes \_\_\_ No \_\_\_ Read? Yes \_\_\_ No \_\_\_ Write? Yes \_\_\_ No \_\_\_ Translate? Yes \_\_\_ No \_\_\_

PHYSICAL HISTORY

List any physical limitations (such as eyesight, limb impairment, diabetes, hemorrhoids, back/spine injury, other): \_\_\_\_\_

Are you physically capable of heavy manual work? (Circle one) Y -OR- N Date of last physical examination: \_\_\_/\_\_\_/\_\_\_

Doctor's name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Doctor's address \_\_\_\_\_
Street City ST Zip

GENERAL

Labor union affiliation (show name of union and local) \_\_\_\_\_

Have you ever been bonded? (Circle one) Y -OR- N Name of bonding company? \_\_\_\_\_

Have you ever been convicted of a felony? (Circle one) Y -OR- N Type: \_\_\_\_\_

Have you ever been known by any name other than the one on this application? (Circle one) Y -OR- N

If yes, give other name: \_\_\_\_\_

EOE/M/F/D/V

**EMPLOYMENT RECORD**

NOTE: D.O.T. Requires that Employment for at Least 10 Years be Shown (Attach Sheet If More Space Is Needed)

**Previous Employers – LIST MOST RECENT EMPLOYER FIRST**

ORGANIZATION	MO / YR ___ / ___	MO / YR ___ / ___	POSITION
ADDRESS	SALARY		WHY DID YOU LEAVE?
SUPERVISOR	CONTACT PHONE	DESCRIBE DUTIES	
ORGANIZATION	MO / YR /	MO / YR /	POSITION
ADDRESS	SALARY		WHY DID YOU LEAVE?
SUPERVISOR	CONTACT PHONE	DESCRIBE DUTIES	
ORGANIZATION	MO / YR /	MO / YR /	POSITION
ADDRESS	SALARY		WHY DID YOU LEAVE?
SUPERVISOR	CONTACT PHONE	DESCRIBE DUTIES	

DRIVER LICENSES	STATE	LICENSE #	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (Circle one) **YES -or- NO**  
 B. Has any license, permit or privilege ever been suspended or revoked? (Circle one) **YES -or- NO**  
 C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? (Circle one) **YES -or- NO**  
**IF the ANSWER to EITHER A, B, or C is YES, ATTACH a STATEMENT GIVING DETAILS!**

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM DATE	TO DATE	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK		___ / ___	___ / ___	
TRACTOR & SEMI-TRAILER		___ / ___	___ / ___	
TRACTOR – TWO TRAILERS		___ / ___	___ / ___	
OTHER		___ / ___	___ / ___	

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

**ACCIDENT REVIEW for PAST 3 YEARS (Attach sheet if more space is needed)**

ACCIDENT	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT	___ / ___ / ___			
NEXT PREVIOUS	___ / ___ / ___			
NEXT PREVIOUS	___ / ___ / ___			

**TRAFFIC CONVICTIONS and FORFEITURES for the PAST 3 YEARS (Other than parking violations)**

LOCATION	DATE	CHARGE.	PENALTY
	___ / ___ / ___		
	___ / ___ / ___		
	___ / ___ / ___		

**To be READ and SIGNED by the APPLICANT**

[1] It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty. [2] It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. [3] It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. [4] I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. [5] It is agreed and understood that this application for employment in no way obligates the employer to employ me, and it is understood that if hired, I may be on a probationary period during which I may be discharged without recourse. [6] 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.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_