

SPENCE TRUCKING, INC

An Equal Opportunity Employer

826 North Point Rd. • Baltimore • Maryland

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DRIVER EMPLOYMENT APPLICATION

Please complete the form in full or your application will **NOT** be considered!

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United State? YES NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/></i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial moto vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years. Attach additional sheets if needed. Check this box if none <input type="checkbox"/>				
STATE	LICENSE #	TYPE / CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EMPLOYMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
<i>Attach additional sheet if more space is needed. Check this box if none</i> <input type="checkbox"/>				
DATES (List more recent first)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION)			
<i>Attach additional sheet if more space is needed. Check this box if none</i> <input type="checkbox"/>			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, explain. _____

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain. _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driver a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years. Any gasps in employment in excess of one (1) month much be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip, and complete all other information.

CURRENT (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation- regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation- regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

THIRD (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING			SALARY

EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation- regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	GRADUATE N	DETAILS
High School						
College						
Other						

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT			
<p>I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matter as may be necessary in arriving at an employment decision. 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.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all the rules and regulations of the company.</p> <p>I understand that the information I provide regarding my current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:</p> <ul style="list-style-type: none"> Review information provided by current/previous employers; Have errors in the information corrected by previous employers, and for those previous employers to resent the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. <p>This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.</p>			
Applicant Signature		Date	
Applicant Name (printed)			