PEED FAMILY ASSOCIATES

Employment Application

Date of Application:	**Date available to start:**
Position Applied For:	**Desired Salary:**
Position Location:	

APPLICANT INFORMATION

Name: (First, Middle, Last)	**Home phone:**
Current Address:	**Cell phone:**
City, State, Zip Code:	**Email Address:**
How long have you been at this address	**Are you legally authorized to work in the U.S.?** **YES NO**

EDUCATION

Name and location of School:	**Years Attended:**	**Did You Graduate**	**Area of study and derees acquired**
High School:			
College:			
Other:			

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EMPLOYMENT EXPERIENCE for the past three (3) years.

Current/Last Employer May we contact this employer? YES NO

Company Name:	Position:
Reason for leaving:	Dates Employed:
City/State/Zip Code:	Salary:
	Company Phone:
	Company Contact:
Was this position subject to Federal Motor Casrier Safety Regulations (FMCSR)? Y N	
Was this position subject to alcohol/controlled substances testing required under 49 CFR, Part 40? Y N	

Previous Employer May we contact this employer? YES NO

Company Name:	Position:
Reason for leaving:	Dates Employed:
City/State/Zip Code:	Salary:
	Company Phone:
	Company Contact:
Was this position subject to Federal Motor Casrier Safety Regulations (FMCSR)? Y N	
Was this position subject to alcohol/controlled substances testing required under 49 CFR, Part 40? Y N	

Previous Employer May we contact this employer? YES NO

Company Name:	Position:
Reason for leaving:	Dates Employed:
City/State/Zip Code:	Salary:
	Company Phone:
	Company Contact:
Was this position subject to Federal Motor Casrier Safety Regulations (FMCSR)? Y N	
Was this position subject to alcohol/controlled substances testing required under 49 CFR, Part 40? Y N	

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THE FOLLOWING SECTION MUS BE COMPLETED BY APPLICANTS FOR POSITIONS THAT REQUIRE THE OPERATION OF ANY COMPANY VEHICLE (INCLUDING CARS, VANS, TRUCKS, ETC.)

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE AND CDL PHYSICAL.

Social Security #	Date of Birth:

Residence for the past three (3) years.

Address:	City, State, Zip Code.	How long here:

State and license numbers for all unexpired commercial licenses and permits

State:	License #	Experation Date:	Class	Endorsments

Driving Experience

Equipment Class	Type of Equipment (Van, Flat, Tank Etc)	Dates From	To	Approximate number of miles TOTAL
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Tank				
Others				

Accident'Crashes for the past three (3) years or more

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)			Fatalities	Injuries

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MILITARY SERVICE: If you have U.S. Military or Naval Service, please provide the following:

Dates of Service: _____

Branch and Rank: _____

Present Membership in National Guard or Reserve:

REFERENCES

Please list at lease one and not more than three professional references.

Full Name: Relationaship:

Company: Phone No.:

Address:

Full Name: Relationaship:

Company: Phone No.:

Address:

Full Name: Relationaship:

Company: Phone No.:

Address:

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Moving Traffic Conviction and Forfeitures for the past three (3) years:

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

Have you ever been denied a license, permit or privilege to operate a motor Vehicle? Yes No		
If YES, please Explain:		
Has any license, permit or privilege ever been revoked: Yes No		
If yes, please explain:		
The company requires all employees who drive Commercial Motor Vehicles (CMV) w;hich require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing YES NO		

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 knoowledge. I understand that the information in this applicatioin will be used and that prior to employers may be contacted for pruposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulation.

Applicant's Signature **Date**