

# DRIVER'S APPLICATION FOR EMPLOYMENT

APPLICANT NAME: (PRINT)		DATE OF APPLICATION	
COMPANY      McClelland, Inc.			
COMPANY ADDRESS 98 E. LaSalle St.			
COMPANY CITY Zanesville		COMPANY STATE Ohio	COMPANY ZIP 43701

EMAIL: \_\_\_\_\_

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

## TO BE READ AND SIGNED BY APPLICANT

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding 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(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)  
SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

Sheakley assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.



**Sheakley**  
RISK & SAFETY SOLUTIONS

One Sheakley Way Cincinnati, Ohio 45246 | 513.618.1169 | sheakley.com

## APPLICANT TO COMPETE

(Answer all questions – please print)

Position(s) Applied for \_\_\_\_\_

Last Name

First Name

Middle Name

Social Security Number

List your addresses of residency for the past 3 years.

Current Address

Street

City

State

Zip Code

Phone

How Long? yr./mo.

Previous Addresses

Street

City

State & Zip Code

How Long? yr./mo.

Street

City

State & Zip Code

How Long? yr./mo.

Street

City

State & Zip Code

How Long? yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

\* Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 16 or more passengers, (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
CONTACT PERSON'S EMAIL ADDRESS				
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO



**Sheakley**  
RISK & SAFETY SOLUTIONS

One Sheakley Way Cincinnati, Ohio 45246 | 513.618.1169 | sheakley.com

### EMPLOYMENT HISTORY (continued)

EMPLOYER				DATE	
NAME			FROM MO.    YR.	TO MO.    YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING		
CONTACT PERSON'S EMAIL ADDRESS					
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

  

EMPLOYER				DATE	
NAME			FROM MO.    YR.	TO MO.    YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING		
CONTACT PERSON'S EMAIL ADDRESS					
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

  

EMPLOYER				DATE	
NAME			FROM MO.    YR.	TO MO.    YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING		
CONTACT PERSON'S EMAIL ADDRESS					
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

  

EMPLOYER				DATE	
NAME			FROM MO.    YR.	TO MO.    YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING		
CONTACT PERSON'S EMAIL ADDRESS					
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			YES	NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO	

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pound or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



**Sheakley**  
RISK & SAFETY SOLUTIONS

One Sheakley Way Cincinnati, Ohio 45246 | 513.618.1169 | sheakley.com

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

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

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
Driver license or permits held in the past 3 years					

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CHOOSE TYPE OF EQUIPMENT	DATES FROM (M/Y)	TO (M/Y)	PENALTY
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 8 passengers	_____			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers	_____			
OTHER _____				

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

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**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 knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Acknowledgment and Authorization for Background Check

I acknowledge receipt of the separate documents entitled below and certify that I have read and understand those documents.

- Consumer Report Disclosure
- A Summary of Your Rights Under the Fair Credit Reporting Act
- A Summary of Your Rights Under California Law
- A Summary Of Your Rights Under The State Of Washington Fair Credit Reporting Act
- New York Correction Law Article 23-A
- A Summary Of Your Rights Under The State Of New Jersey
- Employee Rights under San Francisco Police Code Article 49
- Washington State Drivers Disclosure

I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **AssureHire, Inc., 2206 Plaza Drive Suite 100, Rocklin, CA 95765, 1-737-258-2571, assurehire.com (<https://assurehire.com>)**. I agree that an electronic copy of this Authorization shall be as valid as the original.

☐ Check this box if you would like to receive a free copy of the consumer report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If person above is under the age of 18, a parent or legal guardian must sign below:

\_\_\_\_\_  
Parent/Legal Gaurdian Printed Name

\_\_\_\_\_  
Parent/Legal Gaurdian Signature

\_\_\_\_\_  
Date

This consent form will be used ONLY for a yearly motor vehicle license status check.  
There will be no credit report check, background check, or SS admisintraiton check.