APPLICATION FOR EMPLOYMENT

VIKING TRANSPORT

This company does not discriminate on the basis of race, religion, national origin, sex, age, marital or veteran status, disability or medical condition, or any other legally protected status.

PLEASE PRINT AND SUBMIT WITH ALL SECTIONS COMPLETED
Include a legible copy of a valid driver's license

Preliminary Information

LAST NAME FIRST NAME MIDDLE NAME NICKNAME

STREET ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER SOCIAL SECURITY NUMBER

CELL PHONE NUMBER EMAIL ADDRESS

How long at the above address? _____ If less than 5 years, list previous addresses:

ADDRESS CITY/STATE HOW LONG

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What position are you applying for? _____ What are your salary requirements? _____

Hours/period of time available to work (check one or more) ☐ Full time ☐ Part time ☐ Winter ☐ Summer ☐ Temporary

Are you over 17 years of age? ☐ Yes ☐ No (Certain positions are, by DOT regulations, not available to persons under 21 years of age)

Have you ever been convicted of a felony? ☐ Yes (Give details Below) ☐ No

☐

(Such a conviction will not necessarily disqualify you for the position you are applying for.)

Do you have any relatives currently working for the company? ☐ Yes (Name & Location) _____ ☐ No

Are you a citizen of the USA? ☐ Yes ☐ NO (Check One) ☐ Green Card ☐ Work Permit ☐ Other _____

Education (High School Diploma or GED Required)

HIGH SCHOOL - NAME & ADDRESS YRS. COMPLETED DIPLOMA/GED

TECHNICAL SCHOOL – NAME & ADDRESS COURSE OF STUDY YRS. COMPLETED DEGREE

COLLEGE - NAME & ADDRESS COURSE OF STUDY YRS. COMPLETED DEGREE

List specialized training, apprenticeships, study courses, seminars, industry classes, etc.

Future Education Plans _____
WHERE? WHEN? WHAT COURSES?

PREVIOUS EMPLOYMENT HISTORY

FMCSA requires all commercial drivers with A or B CDL to list employment history for the past 10 years. 3 years for all others. Start with your most recent employment and work back. Show time spent in the US Armed Forces.

PRINT DRIVER NAME _____

COMPANY #1				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TILE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	☐ YES	☐ NO	Were you enrolled in a D & A program at this job?		☐ YES	☐ NO

COMPANY #2				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TILE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	☐ YES	☐ NO	Were you enrolled in a D & A program at this job?		☐ YES	☐ NO

COMPANY #3				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TILE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	☐ YES	☐ NO	Were you enrolled in a D & A program at this job?		☐ YES	☐ NO

COMPANY #4				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TILE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	☐ YES	☐ NO	Were you enrolled in a D & A program at this job?		☐ YES	☐ NO

DRIVER QUALIFICATION AND EXPERIENCE

LIST ALL DRIVERS LICENSES HELD IN THE LAST 3 YEARS

ISSUING STATE	LICENSE NUMBER	**CLASS & TYPE**	**EXPIRATION DATE**

LIST ALL ACCIDENTS IN COMMERCIAL VEHICLES IN THE LAST 5 YEARS

DATE	TYPE OF ACCIDENT	INJURIES / FATALITIES	CITY / STATE	CITATION ISSUED

LIST ALL MOVING VIOLATIONS RECEIVED IN THE LAST 5 YEARS

DATE	CITY / STATE	TYPE OF VIOLATION	COMMERCIAL / PERSONAL	PENALTY

LIST ALL TYPES OF COMMERCIAL VEHICLES YOU HAVE OPERATED

TRUCK TYPE	BODY TYPE	TRAILER TYPE	ESTIMATED MILAGE	DATE

References

Please list any references you feel would be able to give information pertinent to this position. Please indicate whether you prefer these references to be contacted before or after your interview(s) with this company. Do not include previous employers or family members.

_____

Name Telephone Address

_____

Name Telephone Address

_____

Name Telephone Address

PLEASE PRINT AND SUBMIT WITH ALL SECTIONS COMPLETED

IMPORTANT NOTE TO APPLICANT: Do not answer this question unless you have been informed about the requirements of the job which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is available upon request.

☐ **Yes** ☐ **No**

Pre-Employment Statement

IF NOT SIGNED, THIS APPLICATION CANNOT BE CONSIDERED.

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including an investigative consumer report.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 Employer, that as a condition of my employment, I will be required to sign a Confidentiality and Non-Solicitation Agreement or, if hired for a management level position, a Confidentiality, Goodwill, and Non-Solicitation Agreement, and that I will be subject to the Employer's pre-employment and random drug testing policy.

SIGNATURE OF APPLICANT DATE

How did you hear about an opening with Viking Transport in your area? (Please check one)

- ◉ Referred by Company employee. Who? _____
- ○ CareerBuilder.com
- ○ CareersinGear.com
- ○ Local Newspaper
- ○ Other (Please explain) _____