



DRIVER Application for Employment

Miller Transportation, Inc. ("Miller") is an equal opportunity employer and maintains a policy of nondiscrimination with employees and applicants for employment. Its policies, procedures, personnel programs are administered to insure that neither employees or applicants are subjected to discrimination on the basis of race, color, religion, sex, age, national origin, pregnancy, physical or mental disability, gender identity, sexual orientation, status as a veteran, status as a smoker, familial status or genetic information (GINA). Persons being considered for employment with Miller will be evaluated based on their experience /academic credentials and ability to meet the essential requirements of the job.

TO BE READ AND SIGNED BY APPLICANT

I authorize you (Miller) to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing HIPAA and other information in connection with my application.

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 Miller. 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 that 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 _____

Please attach copy of Medical & Drivers License

Date _____

Date of Birth ____ / ____ / ____
Required for Commercial Driver mm/dd/yyyy

Last name _____ First name _____ Middle name _____

Maiden name _____ Social Security # _____

Telephone (_____) _____ Cell Phone (_____) _____

Email: _____

List your address of residency for the past 10-years. Use back of this sheet if need additional.

Street Address _____

City _____ State _____ ZIP _____ How long ____ years/____ months

Street Address _____

City _____ State _____ ZIP _____ How long ____ years/____ months

Street Address _____

City _____ State _____ ZIP _____ How long ____ years/____ months

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ☐ Yes ☐ No

Are you 18 years of older? ☐ Yes ☐ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
☐ Yes ☐ No

If **Yes**, please describe conditions: _____

Please attach copy of Medical & Drivers License

EMPLOYMENT DESIRED

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? ☐ Yes ☐ No

If **Yes**, when? _____

Have you ever been employed by this company? ☐ Yes ☐ No

If **Yes**, when? _____

If **Yes**, last position and rate of pay? _____

If **Yes**, reason for leaving? _____

Are you presently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you available for full-time work? ☐ Yes ☐ No

Are you available for part-time work? ☐ Yes ☐ No

Have you ever been bonded? ☐ Yes ☐ No

If **Yes**, name of bonding company _____

Date you can start _____

Desired starting salary \$ _____ per _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

EDUCATION

Circle Highest Grade Completed

Primary 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

Last School Attended: _____

Name

City/State

Please attach copy of Medical & Drivers License

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, city, state and zip code.

**Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.*

†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 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Company Name _____

Address _____ City/ State/ Zip _____

Telephone _____ Fax _____ Contact Person _____

From – To (mm/yyyy) _____ Salary/ Wage _____ Position _____

Reason for leaving _____

Where 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

Company Name _____

Address _____ City/ State/ Zip _____

Telephone _____ Fax _____ Contact Person _____

From – To (mm/yyyy) _____ Salary/ Wage _____ Position _____

Reason for leaving _____

Where 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

Please attach copy of Medical & Drivers License

Company Name _____

Address _____ City/ State/ Zip _____

Telephone _____ Fax _____ Contact Person _____

From – To (mm/yyyy) _____ Salary/ Wage _____ Position _____

Reason for leaving _____

Where 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

Company Name _____

Address _____ City/ State/ Zip _____

Telephone _____ Fax _____ Contact Person _____

From – To (mm/yyyy) _____ Salary/ Wage _____ Position _____

Reason for leaving _____

Where 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

Company Name _____

Address _____ City/ State/ Zip _____

Telephone _____ Fax _____ Contact Person _____

From – To (mm/yyyy) _____ Salary/ Wage _____ Position _____

Reason for leaving _____

Where 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

Please attach copy of Medical & Drivers License

Company Name _____

Address _____ City/ State/ Zip _____

Telephone _____ Fax _____ Contact Person _____

From – To (mm/yyyy) _____ Salary/ Wage _____ Position _____

Reason for leaving _____

Where 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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF ADDITIONAL SPACE IS NEEDED) OR IF NONE, WRITE “NONE”.

Date Of:	Nature of Accident <i>(Head-On, Rear-End, Upset, Etc.)</i>	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

DRIVER LICENSE INFORMATION

Drivers License Number:

State of Issue:

Expiration Date:

Class and Endorsement(s) of Driver License:

Date your Department of Transportation (DOT) medical card expires:

Please attach copy of Medical & Drivers License

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE “NONE”. ATTACH SHEET IF MORE SPACES ARE NEEDED.

LOCATION	DATE	CHARGE	PENALTY

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If **YES** to any of the above, please explain:

DRIVING EXPERIENCE- CHECK “YES” or “NO”

		Dates			
Class of Equipment		Circle	from mo/yr	to mo/yr	Approx # miles
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor and two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor and three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Motorcoach- School Bus- <i>More than 8 passengers</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Motorcoach- School Bus- <i>More than 15 passengers</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other					

Please attach copy of Medical & Drivers License

LIST STATES OPERATED IN FOR THE LAST 5 YEARS

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

WHICH SAFE DRIVING AWARD(S) DO YOU HOLD AND FROM WHOM?

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 THE APPLICATION

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

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____

Discharge Rank _____ Special Training _____

Please attach copy of Medical & Drivers License

REFERENCES

List three personal references, not related to you, who have known you for more than 1 year.

Name _____ Phone _____ Years Known _____
Address _____

Name _____ Phone _____ Years Known _____
Address _____

Name _____ Phone _____ Years Known _____
Address _____

Please attach copy of Medical & Drivers License

PLEASE READ BEFORE SIGNING:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Miller and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with Miller, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purposes of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
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- 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.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to Miller that verifies my right to work in the United States on the first day of employment (form I-9). I have or will receive from Miller a list of the approved documents that are required.

I understand that employment at Miller is “**AT WILL**,” which means that either I or Miller can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

Please attach copy of Medical & Drivers License