



DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name Date of Application

Company **AAS Transport, inc.**
Address **2415 Dames Ferry Rd**
City **Forsyth, GA** Zip **31029**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected status.

TO BE READ AND SIGNED BY APPLICANT

I understand that the 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) & (e)**. I further understand that I have the right to:

- > Review the 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, provide a Summary Report of reasons, which should be placed in the file)

TERMINATION OF EMPLOYMENT

DATE TERMINATED	DEPARTMENT RELEASED FROM
DISMISSED	VOLUNTARY QUIT
OTHER REASON	TERMINATION REPORT PLACED IN FILE
SUPERVISOR	

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Position applied for

Name Social Security Number
Last First Middle

List your addresses for the past 3 years

CURRENT ADDRESS

Street City State
Zip Phone How Long

Previous Addresses

Street City State/Zip How Long
Street City State/Zip How Long
Street City State/Zip How Long

Do you have legal authority to work in the United States of America?

Date of Birth*

* Required for Commercial Drivers

Have you worked for this company before? **YES** **NO** Where

Dates From To Position

Reason for leaving

Who referred you Rate of pay expected

Have you ever been bonded* **YES** **NO** Name of Bonding Company

*Answer only if a job requirement

Can you perform with, or without reasonable accommodation, the essential functions of the job [as described in the attached job description] **YES** **NO**

EMPLOYMENT HISTORY

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

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

* Includes vehicles having a GVWR of 26,001 lbs. 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.

*The Federal Motor 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 for transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER	DATE								
NAME <input style="width: 95%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">From</td> <td style="width: 25%;"><input style="width: 95%;" type="text"/></td> <td style="width: 25%;">To</td> <td style="width: 25%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Mo.</td> <td>Yr.</td> <td>Mo.</td> <td>Yr.</td> </tr> </table>	From	<input style="width: 95%;" type="text"/>	To	<input style="width: 95%;" type="text"/>	Mo.	Yr.	Mo.	Yr.
From	<input style="width: 95%;" type="text"/>	To	<input style="width: 95%;" type="text"/>						
Mo.	Yr.	Mo.	Yr.						
ADDRESS <input style="width: 95%;" type="text"/>	Position Held <input style="width: 95%;" type="text"/>								
CITY/STATE/ZIP <input style="width: 95%;" type="text"/>	Reason for Leaving <input style="width: 95%;" type="text"/>								
CONTACT PERSON	PHONE								
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>									
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>									

EMPLOYER	DATE								
NAME <input style="width: 95%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">From</td> <td style="width: 25%;"><input style="width: 95%;" type="text"/></td> <td style="width: 25%;">To</td> <td style="width: 25%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Mo.</td> <td>Yr.</td> <td>Mo.</td> <td>Yr.</td> </tr> </table>	From	<input style="width: 95%;" type="text"/>	To	<input style="width: 95%;" type="text"/>	Mo.	Yr.	Mo.	Yr.
From	<input style="width: 95%;" type="text"/>	To	<input style="width: 95%;" type="text"/>						
Mo.	Yr.	Mo.	Yr.						
ADDRESS <input style="width: 95%;" type="text"/>	Position Held <input style="width: 95%;" type="text"/>								
CITY/STATE/ZIP <input style="width: 95%;" type="text"/>	Reason for Leaving <input style="width: 95%;" type="text"/>								
CONTACT PERSON	PHONE								
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>									
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>									

EMPLOYER	DATE								
NAME <input style="width: 95%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">From</td> <td style="width: 25%;"><input style="width: 95%;" type="text"/></td> <td style="width: 25%;">To</td> <td style="width: 25%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Mo.</td> <td>Yr.</td> <td>Mo.</td> <td>Yr.</td> </tr> </table>	From	<input style="width: 95%;" type="text"/>	To	<input style="width: 95%;" type="text"/>	Mo.	Yr.	Mo.	Yr.
From	<input style="width: 95%;" type="text"/>	To	<input style="width: 95%;" type="text"/>						
Mo.	Yr.	Mo.	Yr.						
ADDRESS <input style="width: 95%;" type="text"/>	Position Held <input style="width: 95%;" type="text"/>								
CITY/STATE/ZIP <input style="width: 95%;" type="text"/>	Reason for Leaving <input style="width: 95%;" type="text"/>								
CONTACT PERSON	PHONE								
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>									
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>									

--

EMPLOYER	DATE
----------	------

NAME []	From	[]	To	[]
	Mo.	[]	Yr	[]

ADDRESS [] Position Held []

CITY/STATE/ZIP [] Reason for Leaving []

CONTACT PERSON PHONE

WERE YOU SUBJECT TO 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 49CFR PART 40?
YES NO

EMPLOYER	DATE
----------	------

NAME []	From	[]	To	[]
	Mo.	[]	Yr	[]

ADDRESS [] Position Held []

CITY/STATE/ZIP [] Reason for Leaving []

CONTACT PERSON PHONE

WERE YOU SUBJECT TO 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 49CFR PART 40?
YES NO

EMPLOYER	DATE
----------	------

NAME []	From	[]	To	[]
	Mo.	[]	Yr	[]

ADDRESS [] Position Held []

CITY/STATE/ZIP [] Reason for Leaving []

CONTACT PERSON PHONE

WERE YOU SUBJECT TO 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 49CFR PART 40?
YES NO

EMPLOYER	DATE			
NAME <input style="width:95%; height: 20px;" type="text"/>	From	<input style="width:90%; height: 20px;" type="text"/>	To	<input style="width:90%; height: 20px;" type="text"/>
ADDRESS <input style="width:95%; height: 20px;" type="text"/> CITY/STATE/ZIP <input style="width:95%; height: 20px;" type="text"/>	Mo. <input style="width:20px; height: 20px;" type="text"/>	Yr <input style="width:20px; height: 20px;" type="text"/>	Mo. <input style="width:20px; height: 20px;" type="text"/>	Yr <input style="width:20px; height: 20px;" type="text"/>
CONTACT PERSON <input style="width:95%; height: 20px;" type="text"/>	Position Held <input style="width:95%; height: 20px;" type="text"/>			
WERE YOU SUBJECT TO FMCSRs* WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>				

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40?
YES NO

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH ADDITIONAL SHEETS IF EXTRA SPACE IS NEEDED) IF NONE, WRITE "NONE"

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT <input style="width:80%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>
NEXT PREVIOUS <input style="width:80%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>
NEXT PREVIOUS <input style="width:80%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE" (ATTACH SHEET IF MORE SPACE NEEDED)

LOCATION	DATE	CHARGE	PENALTY
<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>
<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>
<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>

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	CHECK TYPE OF EQUIPMENT	DATES FROM	TO	APPROX. NO. MILES (TOTAL)
Straight Truck YES <input type="checkbox"/> NO <input type="checkbox"/>	(Van, tank, flat, dump, reefer) <input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>
Tractor + Semi Trailer YES <input type="checkbox"/> NO <input type="checkbox"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>
Tractor – 2 Trailers YES <input type="checkbox"/> NO <input type="checkbox"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>
Tractor – 3 Trailers YES <input type="checkbox"/> NO <input type="checkbox"/>	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>
MotorCoach – School Bus MORE THAN	<input style="width:95%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:40%; height: 20px;" type="text"/>	<input style="width:95%; height: 20px;" type="text"/>

8 PASSENGERS) YES NO

MotorCoach – School Bus MORE THAN

15 PASSENGERS) YES NO

OTHER

LIST STATES OPERATED IN FOR LAST FIVE YEARS

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION AND 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 LISTED)

EDUCATION

HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8

HIGH SCHOOL

1 2 3 4

COLLEGE

1 2 3 4

TO BE READ AND SIGNED BY APPLICANT

This signature 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