



Date of Application: \_\_\_\_\_

### Drivers Application for Employment

Town & Country Supply Association is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status.

Please exclude any information, which may indicate your race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, ancestry, veteran status, physical or mental disability, or any other legally protected status.

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**First Name**

**Middle Name**

**Last Name**

<b>Date of Birth</b>	<b>Soc. Sec. #</b>	<b>Home Number</b>	<b>Cell Number</b>	<b>Email Address</b>

<b>Current Address: Include City, State and Zip</b>
<b>How Long have you been at this address:</b>
<b>Previous Address if less than 3 years: Include City, State and Zip</b>
<b>How Long were you at this address:</b>

**\*\*\* 3 years of previous addresses required per DOT regulations. If more space is needed, please attach additional sheets \*\*\***

### Education Information

<b>School Name – High School, College, Technical</b>	<b>City</b>	<b>State</b>	<b>Graduated: Yes or No</b>

**If you did not graduate from high school, did you complete the G.E.D.? Yes \_\_\_\_\_ No \_\_\_\_\_**

Show special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

### DRIVING EXPERIENCE

DL Number	State	Expiration	Endorsements	
<b>Equipment Class</b>	<b>Type of Equipment (Van, Tank, Flat, Etc.)</b>	<b>Date: From</b>	<b>Date: To</b>	<b>Approximate Number of Miles</b>
Straight Truck				
Tractor & Semi – Trailer				
Tractor – Two Trailers				
Tank				
Transport				
Passenger				
Other				

### EMPLOYMENT RECORD – Any gaps in employment must be explained

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Contact Person / Phone Number

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Were you subject to the FMCSR's while employed by this employer? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

\_\_\_\_\_  
**Employer Name**

\_\_\_\_\_  
**Address, City, State, Zip**

\_\_\_\_\_  
**Contact Person / Phone Number**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Were you subject to the FMCSR's while employed by this employer? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

\_\_\_\_\_  
**Employer Name**

\_\_\_\_\_  
**Address, City, State, Zip**

\_\_\_\_\_  
**Contact Person / Phone Number**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Were you subject to the FMCSR's while employed by this employer? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**\*FMCSR – Federal Motor Carrier Safety Regulations**

*Experience and Qualifications – Other*

Show any trucking, transportation, or other experience that may help in your work for this company:

\_\_\_\_\_

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List education, training courses and prior military other than those shown elsewhere in this application:

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List special equipment or technical materials you can work with (other than those already shown):

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

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Signature