

# Truss Specialists Inc.

## CMV Driver - Application for Employment

(Application must be completed in all areas. A resume may be attached, but will not be accepted in place of application)

Name _____				
<i>Last</i>	<i>First</i>	<i>Middle</i>		
Telephone _____		Cell Phone _____		
Email Address _____				
Date of Birth _____		Social Security Number _____		
<u>Previous Three Years of Residency</u> (current address first)				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i># of Years</i>
_____	_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i># of Years</i>
_____	_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i># of Years</i>
_____	_____	_____	_____	_____
<u>License Information</u>				
383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.				
State	License Number	Type	Expiration	
_____	_____	_____	_____	
Type of Employment desired? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been employed at Truss Specialists before? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, position(s) held _____				
WERE YOU REFERRED BY A CURRENT TSI EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, name of employee? _____				
Date you are available to start, if hired? _____				

### REFERENCES

Provide the following information for three business / work references who are not related to you. If not available, list three school or personal references who are not related to you.

Reference Name / Company Name / City / State	Telephone Number	# of Years Known

**EDUCATIONAL BACKGROUND**

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High School Diploma or equivalent      YES       NO

Other Schools and Areas of Study \_\_\_\_\_

Special Skills/ Training / Certifications: \_\_\_\_\_

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**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

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Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

Last Employer – Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

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

Any gaps in employment and/or unemployment must be explained. Includes Dates (Month/Year) and reason.

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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES  NO

Was the previous job position 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 \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

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

Any gaps in employment and/or unemployment must be explained. Includes Dates (Month/Year) and reason.

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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES  NO

Was the previous job position 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 \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

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

Any gaps in employment and/or unemployment must be explained. Includes Dates (Month/Year) and reason.

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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES  NO

Was the previous job position 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

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACHED SHEET IF MORE SPACE IS NEEDED)**

Dates	Nature of Accident (Head-on, rear-end, upset, etc.)	Number Fatalities	Number Injuries	Chemical Spills (Yes / No)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

Date Convicted (month/year)	Violation	State of Violation	Penalty (forfeited bond, collateral)

Have you been denied a license, permit or privilege to operate a motor vehicle? YES  NO

If yes, explain: \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? YES  NO

If yes, explain: \_\_\_\_\_

**APPLICANT STATEMENT**

- I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient case for cancellation of this application and immediate discharge from the employers' service whenever it is discovered.
- I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.
- I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.
- I understand that information I provide regarding current and/or previous employers may be used and those employers 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 current/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."
- I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.
- This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time; with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authorizations to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
- I further understand that Truss Specialists may conduct a criminal background check as part of the hiring process and that I may be subject to post-offer and random drug and alcohol testing.
- I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement and that all statements made by me in this application are true and complete to the best of my knowledge.

In lieu of a digital signature check the above box when submitting the application online.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date